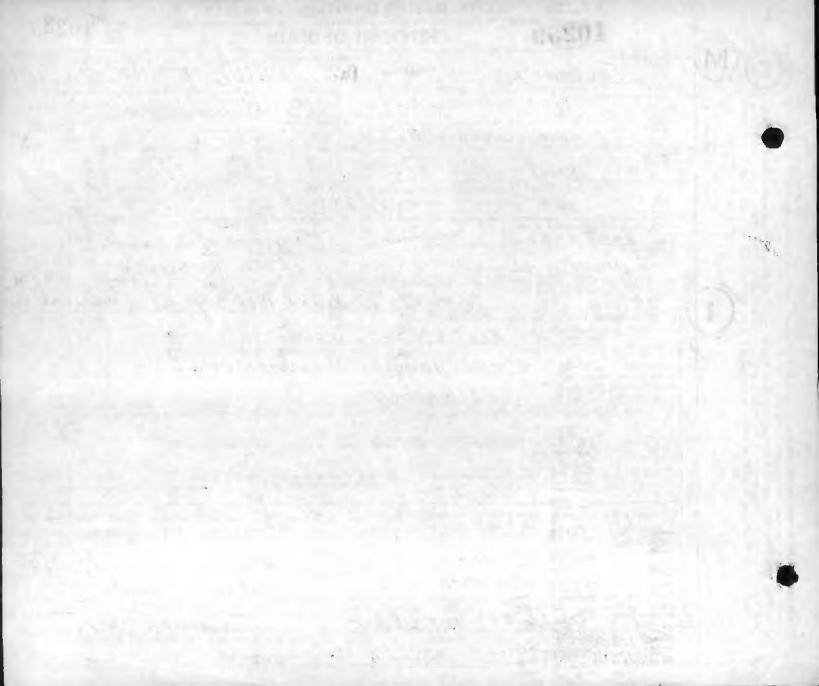
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) , PLACE OF DEATH o. COUNTY MARYLAND REDERICK b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside torporote limits, write RURAL and give negrest town) RURAL and give negrest town) Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION REDERICK MEMORIAL 385 Street YES NO NAME OF Middle 4. DATE Month Day DECEASED OF DEATH ALLISON (Type or print) 1965 5. SEX 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working |fe, even if retired) 13. FATHER'S NAME physician 15. WAS DECEASED EVER 16. SOCIAL SECURITY NO. 17. INFORMAN attending phy 200 duó CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) FAILURE PIRATORY ond **DUE TO** AMAGE - HEMMORNHAGE Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram 23 JEP 1960, to 23 JEPT, 1960 that (1) Fred last __19_60 and that death accurred a 5 P.M. from the causes and an the date stated above. saw the deceased alive an 23 JEP7 FUNERAL DIRECTOR 22o. SIGNATURE M.D. PHYS. DIRECTOR [] 22c. PHYSICIAN'S 22d, ADDRESS page 3 shauld J. HELPRICH 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole) FUTTE BAN DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) HOME FREDERICK, DATESEP 2 8 '60 Orthur S. Kraus 15M 9/



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITA

VR A15 (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10920

10240

1	o. COUNTY Fr	ederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick					
	B. CITY OR TOWN	(If outside carporate limits, wri nearest tawn)	ite c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick					
	d. NAME OF HOSPI	Memorial Hospital	reet oddress) pital	d. STREET ADDRESS 358 Ea	ast Third Stree	e. IS RESIDENCE ON A FARM? YES NO			
3	NAME OF DECEASED (Type or print)	First WARY.	Middle ANN	ANDREWS	4. DATE Mon Se DEATH	ptember 1, 1960			
5	. SEX Female	TEC	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH 25 March 191	9. AGE (In years last hirthday) 42 yrs.	Months Days Hours Min.			
1	On. USUAL OCCUPATION during most of working most of working most of working the control of the c	rking life, even if retired)	10b. KIND OF BUSINESS OR INI At Home		Germany	12. CITIZEN OF WHAT COUNTRY			
1	3. FATHER'S NAME			14, MOTHER'S MAIDEN	NAME				
	Unknown	7		Elisa Lay	m 18 1.1m(1 1 B 1				
1	S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? If yes, give wor or dates of service)		informant oseph C. Andre	ews (Same as i	** *			
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cin	hisis of the	he hive has	mas ONSET AND DEATH			
	Conditions, if a gove rise to cause (a), stating lying cause last.	IMMEDIATE CAUSE (a) DUE TO any, which immediate to the under-				VEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO.			
Continue	Conditions, if a gove rise to couse (a), stating lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	IMMEDIATE CAUSE (a) DUE TO any, which immediate (b) the under (c) THER SIGNIFICANT CONDITIO		UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? PERFORMED?			
Continue	Conditions, if a gave rise to cause (a), stating lying cause last. PART II. OT	IMMEDIATE CAUSE (a) DUE TO any, which immediate to the under. THER SIGNIFICANT CONDITIO (AS UNDERLYING [] COULD CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year 20	INS CONTRIBUTING TO DEATH E	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV in Part I or Part II of item 18.)	VEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? PERFORMED?			
Continue	Conditions, if a gove rise to couse (a), storing lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a. m. p. m. 21. I certify th	IMMEDIATE CAUSE (a) DUE TO any, which immediate (b) he under (c) THER SIGNIFICANT CONDITIO (AS UNDERLYING [] 20b. G [] CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Year 20 Wood	DESCRIBE HOW INJURY OCCUR DESCRIBE HOW INJURY OCCUR DOL. INJURY OCCURRED 206. While Not while	RED. (Enter nature of injury in PLACE OF INJURY (Hame, for factory, street, office bidg., e	minal Disease Condition GIV n Part I or Part II of item 18.) rm, 20f. (City or town) tc.)	VEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO			
Continue	Conditions, if a gove rise to couse (a), storing lying couse lost. PART II. OT 200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF THE CONTRIBUTION (IF EITHER) THE CO	IMMEDIATE CAUSE (a) DUE TO any, which immediate (b) the under- of the un	DESCRIBE HOW INJURY OCCUR DESCRIBE HOW INJURY OCCUR DOL. INJURY OCCURRED 206. While Not while	RED. (Enter nature of injury in PLACE OF INJURY (Hame, for factory, street, office bldg., et death occurred 2645	minal Disease Condition GIV n Part I or Part II of item 18.) rm, 20f. (City or town) tc.)	VEN IN PART I(a) 19. WAS AUTOPS: PERFORMED? YES NO. (Caunty) (State			
Charte	Conditions, if a gove rise to cause (a), storing lying cause lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJU	IMMEDIATE CAUSE (a) DUE TO any, which immediate (b) the under- of the un	DESCRIBE HOW INJURY OCCUR Od. INJURY OCCURRED Abile Not while 20e. Not work of work 19 64, and tha	PLACE OF INJURY (Home, for factory, street, office bidg., et death accurred 26.4.4. M.D. ATTENDING PHYS. 22d. ADDRESS	minal Disease Condition GIV Tro., 20f. (City or town) Add., from the causes or	(Caunty) (State (Caunt			
The state of the s	Conditions, if a gove rise to couse (a), stating lying couse last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJU	IMMEDIATE CAUSE (a) DUE TO DUE TO (b) Immediate (b) Immediate (b) Immediate (c) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (c) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (d) IMER SIGNIFICANT CONDITIO (e) IMER SIGNIFICANT CONDITIO (f) IMER SIGNIFICANT CONDITIO (G) IMER SIGNIFIC	DESCRIBE HOW INJURY OCCUR DOB. INJURY OCCURRED Work of work	PLACE OF INJURY (Hame, for factory, street, office bldg., e ATTENDING PHYS. ATTENDING PHYS. 22d. ADDRESS 4 We 3rd OR CREMATORY	minal Disease Condition GIV n Part I or Part II of item 18.) rm, 20f. (City or town) rtc.) Amount 20f. (City or town) Amount 20f. (City or town)	(Caunty) (State) VEN IN PART I(a) 19. WAS AUTOPS: PERFORMED? YES NOW			

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	vie - ve	the department.				

		LACE OF DEATH COUNTY Frederick	MARYL		o. STATE Maryl	- h	COUNTY -	nce before admission)
		. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Frederick-Rural - R.I		N Ib	c. CITY OR TOWN (IF C		its, write RURAL ond	
X		NAME OF HOSPITAL (If not in hospital, or Institution Mt Pleasant	give street address)		d. STREET ADDRESS	leasant		e. IS RESIDENCE ON A FARM? YES NO
C 1		receased (ype or print) HAI	RRY THOMA		BARNES	4. DATE OF DEATH	Month September	-
	-	ale White	7. MARRIED NEVER MARRIED NIVORCED	J	anuary 27,	1870	birthdoy) Months yrs.	
		USUAL OCCUPATION (Give kind of work during most of working life, even if retired Retired Farmer	done 10b. KIND OF BUSINESS OF		Maryla	nd		USA
	13.	Samuel F. Bar	rnes		14. MOTHER'S MAIDEN	Ella Kell	7	
		NAS DECEASED EVER IN U. S. ARMED FOI no, or unknown] No If yes, give wor or dates of			Edith M. B	arnes-Sam	Address e as Item	#1
		PART I. DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost.	Cardon	2 2	ardiac ;	tailur	A.	interval Between onserand Death 2 hours
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						PERFORMED? YES NO
	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Ye Hour o.m., 19 p. m.			E OF INJURY (Home, farm ry, street, office bldg., etc		n) (County) (Stal
-		21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE			ath accurred a 3:3	OP, from the co		e date stated above
	7	22c. PHYSICIAN'S NAME (Type) B. O. The	Mas, M.D.	M.I	22d. ADDRESS		ing, Frede	9/12/1960
	230	BURIAL, CREMATION, 23b. DATE THEREG			et Cometery	23d. LOCATION (C	ity, town, or county)	Maryland
2	24:	uneral director's signature Hurr. Etchison & S	on, Frederick, M	larylı		D BY REGISTRAR	256. REGISTRAR'S SI Callut S.	

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Fairview Cemetery

ADDRESS

TO HOSPIT page the St 0 VR A15 (II) 1SM 9/59

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within 24 hour

that the death certificate be executed

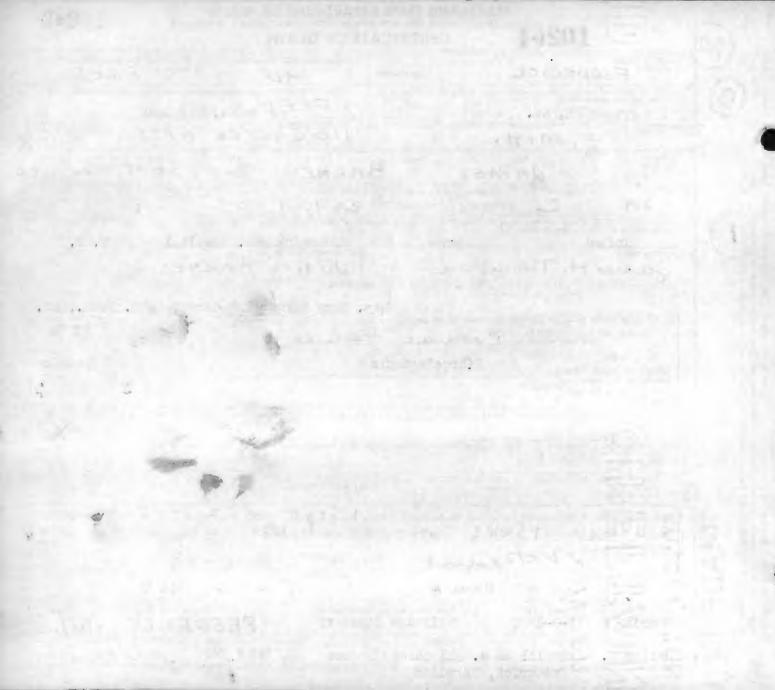
Frederick, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

Charles E. Hicks 111 24 W. All Saints Street Ostlan & Krous

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNAT



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funeral

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After this certificate

DIRECTOR:

TO FUNERAL

VS A15 (4)

15M 9/58

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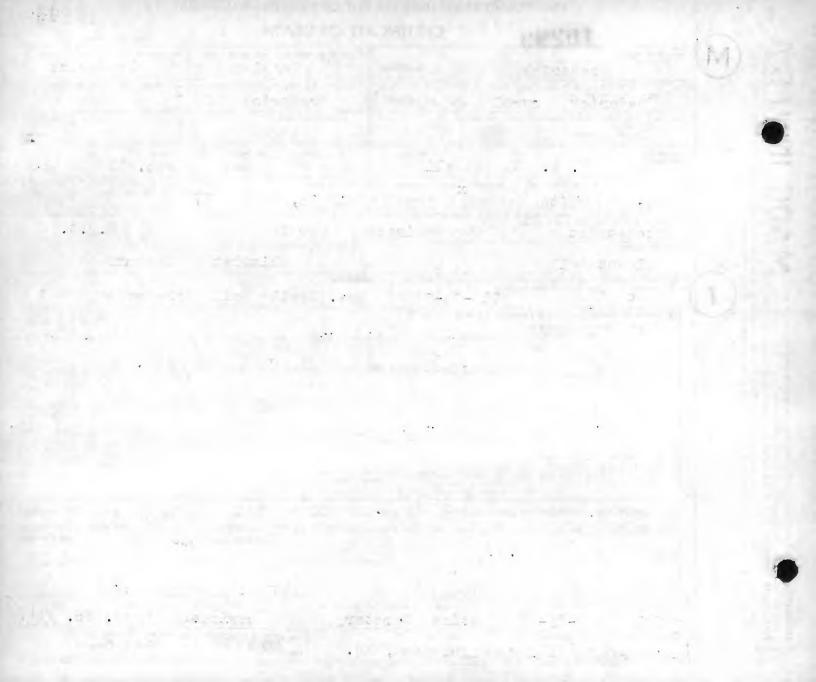
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death. Page

hours

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



HOSPIT FUNER 0 ISM 9/59

Mt. Olivet Cemetery GRECTOR'S SUSNATURE ADDRESS Frederick, Maryland

Frederick, Maryland 25b, REG STRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATESEP 2 6 '60 Chilmy & Thous

IS RESIDENCE

ON A FARM?

YES NO

Year

Min.

Day

Days

U.S.A.

(County)

19.6 @ that (1) [we) last

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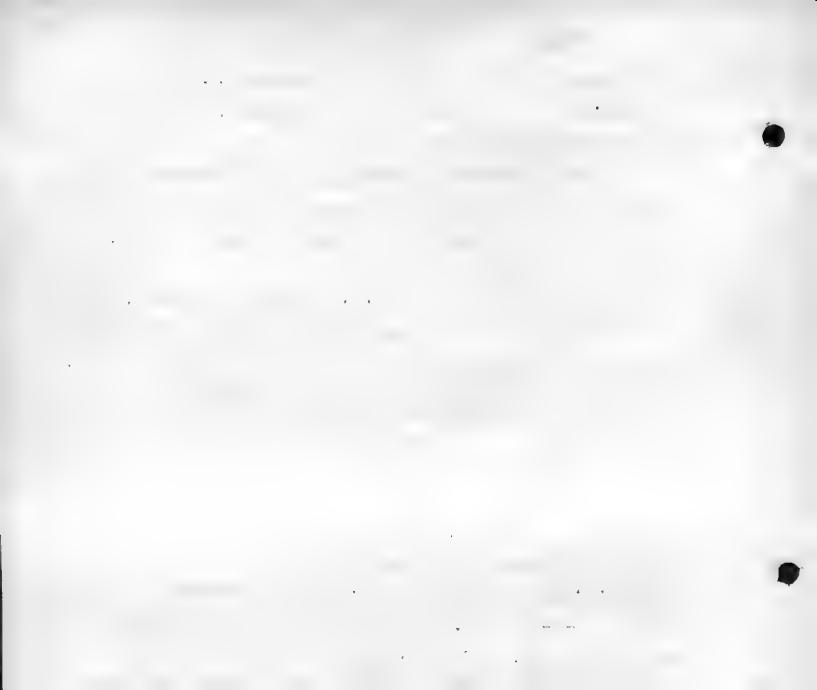
INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES 🗍 NO 🏌

(State)

226 DATE SIGNED

(State)



a, IS RESIDENCE

ON A FARMS

YES I NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

hrs

PERFORMED? YES NO 🗔

(Stote)

DATE SIGNED

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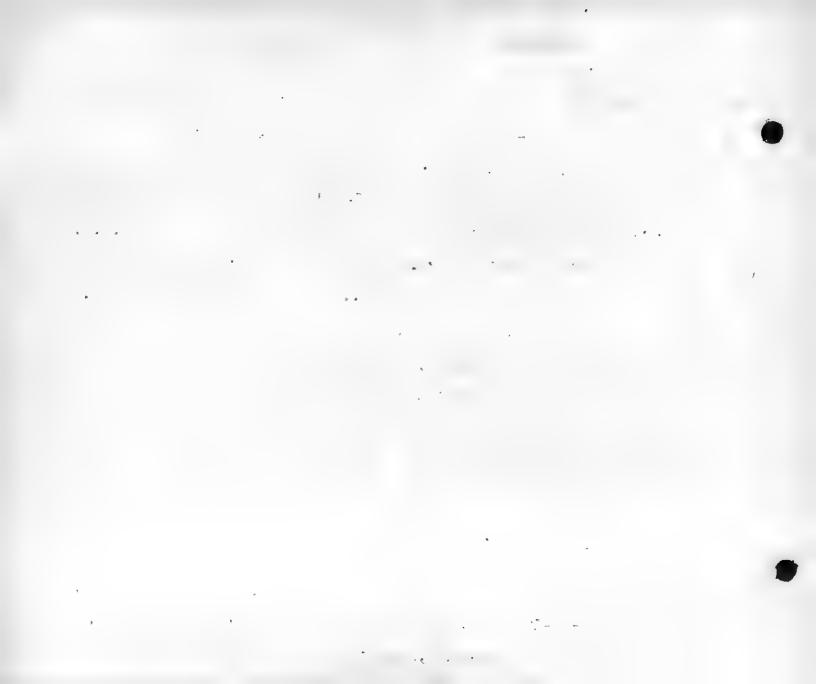
.5 puo çarbon attending physicia in please remove at it within 72 moors After this cartificate has been signed by the DIRECTOR: should

The law requires that the death certificate be executed within 24 haurs

FUNERAL F

1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased sived If institution, Residence before admission) o. COUNTY o. STATE Maryland Frederick **b.** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negret town)
Knoxville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION James Street NAME OF First Middle 4. DATE Month DECEASED 9 Albright Chow Mary DEATH (Type or print) 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (in years last thinhou) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months White Female WIDOWED DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Forte 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jane Harrison Nevert Hodmes (Holmes) INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO National Mrs. Daisy Nicklas, Baltimore, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Confestive Heart Failure DUE TO Hypersien tension Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-Astima lying cause lost ronchal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of item 18.] 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) factory, street, office bldg., etc.) Haur o. m. While Not while of work of work Sept 11 19 6 Plat I last saw the deceased 21. I certify that I attended the deceased from Peb 12 , and that death accurred at 5:05% from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 7 Mg 15 S. Maryland Ave. PHYSICIAN'S Byron Kao, M.D. NAME (Type) Brunswick 22d LOCATION (City, town, or county) 220 BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Knoxville, Maryland Reformed 9 = 1.1 = 1.960**ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Circling & Frank DATE SEP 1 6 '60 Brunswick-Maryland

0 VS A15 (4) 1SM 9/58



in the Funeral director, ond 2 should be filed with

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certifiente be executed within 24 hours

may be rether by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event, within Teneurs after death.

VR A15 (4) 15M 9/59

TO HOSPITA

o. COUNTY Frederick	, MARYLAND	USUAL RESIDENCE (Who state Maryla	I more to be	ution: Residence before odmission) Frederick			
b CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)				RURAL and give nearest lown)			
Frederick d NAME OF HOSPITAL (If not in hospital, give s	Since-1926	d. STREET ADDRESS	lek	e. IS RESIDENCE			
240 Dill Avenue		/ 240 Di	ll Avenue	ON A FARM? YES NO I			
3. NAME OF First DECEASED (Type or print) MARIA	Middle CELESTE	DARKIS	OF .	September 4, 1960			
TOI- WOULD-		DAJE OF BIRTH 17 Oct 1875	9 AGE (In year lost birthday 84 y	rs IF UNDER 1 YEAR F UNDER 24 HRS Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTR	Maryland		12. CITIZEN OF WHAT COUNTRY?			
13 FATHER'S NAME		14 MOTHER'S MAIDEN N					
Gideen R. Wachter		Alice Keys					
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		derick R. Da		rrey Read, N. C.			
Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	Es ential lu		a	Jours			
PART II OTHER SIGNIFICANT CONDITION				PERFORMED?			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	RED. (Enter nature of injury in Part I or Part II of item 18.)					
Hoor o.m.		E OF INJURY (Home, form ry, street, office bldg., etc.		(County) (State)			
21 I certify that (I) (this haspital) a saw the deceased alive an	tended the deceased fram	ath accurred at 3Å	M, from the causes	19.60 that (I) (we) ast and an the date stated above.			
awerB. The	mar, M.	M.D ATTENDING MED. STAFF Sept 1968 GNE					
PAME (Type) James B. Then	mas, M. D.	22d ADDRESS 228 N. Ma.	rket St., Fre	ederick, Md.			
23a BLR AL CREMATION, 23b DATE THEREOF PEMOVAL (Specify) 9-6-60	23c NAME OF CEMETERY OR Mount Olivet		Frederick, 1				
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Maryla	250. REC'S		GISTRAR'S SIGNATURE			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10963

CERTIFICATE OF DEATH

10248

	22. 1. See 10 X		341				•		Reg. Di	st. No		
1. PLACE OF DEATH				- 11	2 USUAL RESID	ENCE [Wh	ere decease	d lived If inst		nce befo	re admission)	
F	rederick		MARYL	AND		laryla	and	B. COO.		red	erick	
b. CITY OR TOWN (RURAL and give n	TY OR TOWN (If autside corporate limits, write IRAL and give nearest town)		c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TO	DWN (If or	utside corpo	rote limits, wri	te RURAL ond	give ne	arest town)	
	Frederick				× Ijamsv	ille-	Rura					
d. NAME OF HOSPE	TAL (If not in hospital, giv				d. STREET AD	DRESS					e. IS RESIDENO	IE 42
Frederic	k memorial t	osp:	ital		Fount	aan b	ills				YES NO	
3. NAME OF	, First		Middle		Lost		4. DATE		Month	Do	y Yeor	
(Type or print)	LULA	1	MAY		DAVI	S	OF DEATH	S	entembe		19.196	0
S. SEX	6. COLOR OR RACE	7. MARR	ED KNEVER MARRIED	B.	DATE OF BIRTH			9. AGE (In ye	OFS IF UNDER	RIYEAR	IF UNDER 24	HRS.
Female	White	MIDOWE	DIVORCED		March 1	9. 18	381	lost birthdo	yrs. Months	Doys	Hours M	in
100. USUAL OCCUPATION	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OR	INDUST				ountry)	12. CI	TIZEN C	OF WHAT COU	NTRY
	king life, even if retired) -WOPIC		At Heme			Kentı	icky				USA	
3. FATHER'S NAME					14. MOTHER'S							
Rev.	James H. Bal	ter					Care	lime W	iggingt	on		
	R IN U. S. ARMED FORCE	ES7 16.	SOCIAL SECURITY NO	17, INF	ORMANT		-		Address			
(Yes, no or unknown)	(If yes, give wor or dates of serv		one	Mr.	E. Carl	Bavi	be- Sa	me as	Ltem #2			
IB. CAUSE OF DEA	ATH Enter only one cour									LINT	ERVAL BETWEE	N
	PART I. DEATH WAS CAUSED BY:									ON!	SET AND DEAT	Ĥ
1100	IMMEDIATE CAUSE (o)_		yrray C	els?	rang	0 00	corne	TLA		-	1 da	7
400	DUE TO										/	
Conditions, if a												
couse (o), stating												
lying couse last.) (c)_									1		
PART II. OT	HER SIGNIFICANT CONDI	ITIONS C	ONTRIBUTING TO DEAT	IH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN PAR	(T){o} 1	PERFORMED	PSY P
5											YES NO	
OR CONTRIBUTING	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	Ob DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture of	injury in P	ort I or Por	t II of item 18)			
	RY Month, Doy, Year				E OF INJURY (H			or town)	(County)	(5)	ote)
Hour e.m.	19	While of work	Not while	FOCIO	ry, street, office	olug., erc.	'					
	act 1 attended the a		(7	19	. 1960	in h I'	1/1	9 10	6 Donas	lest a	the deed	
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ACTUAL		(-)	1		East C				iwii, siolej		9/20/	
HISPARIONE	01.00.	\rightarrow	earne.	М.	D. MELOU	HUL CI	4 2014				7/20/	-
PHYSICIAN'S NAME (Type)	A.A. Pearre	y M.	. D.		Freder	ick,	Maryl	and				
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, for	wn, or county)		(Stote)	
Burial Specify	Sept.22.1	1960	Mount Oli	vet (Cemetery		F	deric	k,	M	aryland	
3. FUNERAL DIRECTOR			ADDRESS			240. REC'E	BY REGIS	IRAR 24b. R	EGISTRAR'S SI	GNATU	RE	
M. R. Et	chison & Son	1. Fr	rederick, Ma	aryl	and	DATESE	22'6	0 .	Irilar S.	Krau	A	

TO HOSPITAL AR LITTED IN INVICIAN: The law requires that the death certificate be executed within 24 has be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled agong 3 should be detached for use as the burial; and the please remove carbon papers. Pages 1 the registror prior to burial, cremation, or remaval, and in any event within 22 hours after death. TO HOSPITAL VS A15 (4) 15M 9/55

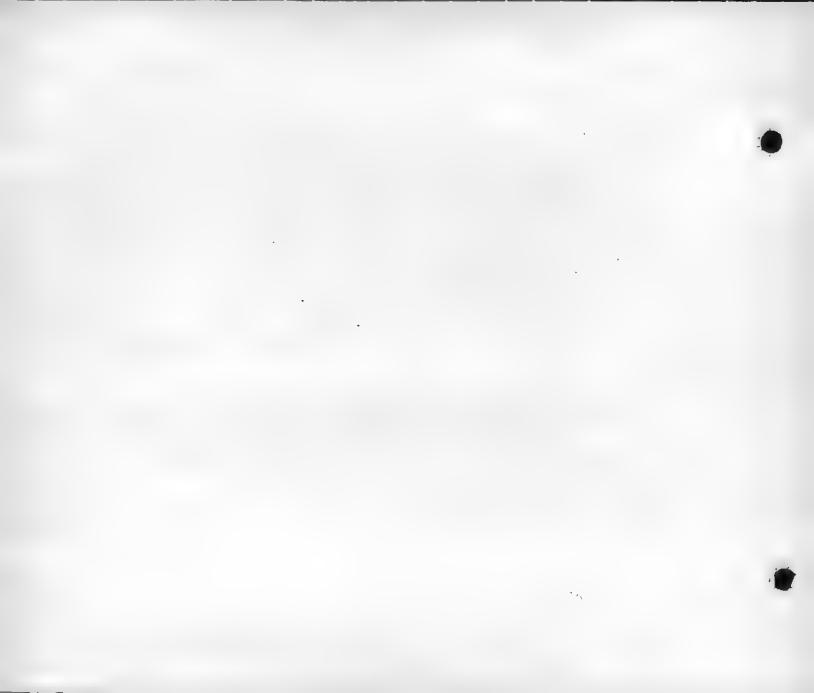
the funeral director, should be filed with

** ITTED ** INTEGAN: The law requires that the death certificate be executed within 24 hours after death. Page





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TO HOSPITA

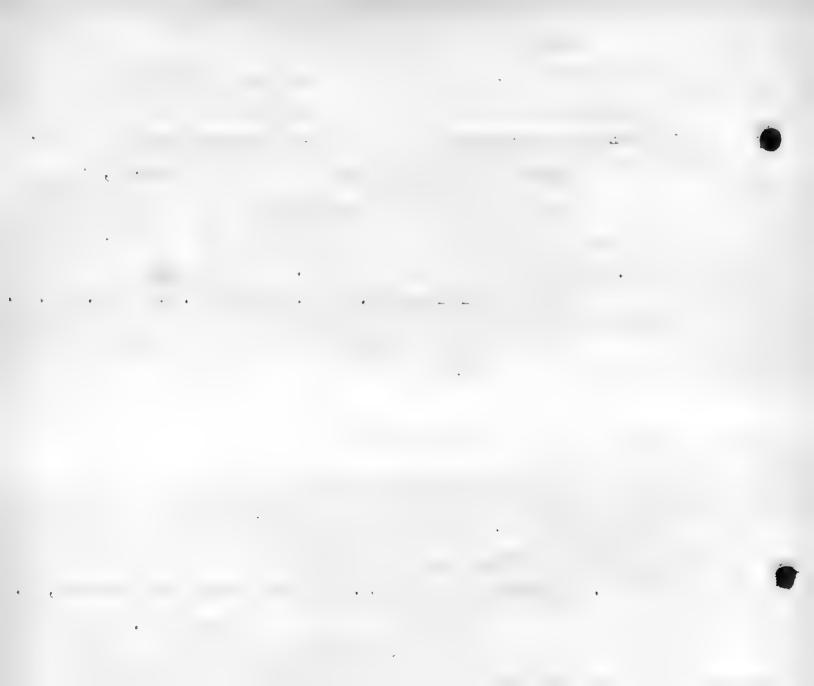
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10251

		LACE OF DEATH				[2	USUAL RESIDEN	NCE (Where de			n Residence	befare adm	ission)
)	a. COUNTY Frederick MARYLAND						o state Waryland b. COUNTY Frederick						
	Ь	b. City OR TOWN (If autside carporate limits, write RURAL and give nearest lown) Frederick Days				N 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) *Frederick*						
0	d	d. NAME OF HOSPITAL (If not in hospital, give street address)					d. STREET ADD	RESS					ESIDENCE
1	F	rederick	Memorial Hos	pital		3	Tower Ap	ot., Ea	st Chu	rch St	treet		NO.
	3. NAME OF DECEASED		First		Middle		Last	4. D		Mont	h	Doy	Yeor
	Č	Type ar print)	MIN	A	AGUST	US	EWING	ő	EATH	Septe	ember	27,	· 9 60
	5. S	EX	6. COLOR OR RACE 7	MARRIED [NEVER MARRIED	В	DATE OF BIRTH		9 AGE	(In years birthdoy)	IF UNDER 11	$\overline{}$	
		Female	White	VIDOWED 🚺	DIVORCED		fay 17, 1	L882	7	yrs.	Months D	ys Hou	s Min.
	10a	USUAL OCCUPATION	DN (Give kind af wark da sing life, even if retired)	ne 10b. KIND	OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	E (State or fore	eign country)		12 CITIZE	N OF WHA	T COUNTRY?
		House-wor		At	Home		3	inny kan	4 Com	•		USA	
	13. 1	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME					
		Peter	Beysen				Iss	ajora					
			R IN U. S. ARMED FORCE		AL SECURITY NO	17 INFO	0.7				rth Ma		
	,	No	No No war or dates of serv	None		Mrs	Helen I	E. Hurs	ey, Fr	ederi	ck, Mai	rylan	<u>d</u>
		18. CAUSE OF DEA	TH [Enter only one caus	e per line for	(a), (b), and (c)			- Con-	,			INTERVAL ONSET AN	
\		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	6	brain.	ern	0	Br	as it	-		11 A	- 7Z
		170	DUE TO				7	1-/-				10 0	arrance de
	1	Conditions, if a	ny which)				,						
'		gave rise ta i	mmediate (DUS TO		-								
	lying cause last.												
	z		IER SIGNIFICANT COND	TIONS CONTR	HBUTING TO DEA	TH BUT NO	OT RELATED TO TH	HETERMINAL D	ISEASE COND	ITION G VI	EN IN PART 1	(a) 19 WA	S AUTOPSY
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(d)									YES I	FORMED?		
	CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 21 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE	HOW INJURY OC	CURRED.	(Enter nature of in	njury in Part I	or Part II of it	em 1B.)			
	MEDICAL	Haur o.m.	Y Month, Doy, Year	20d. INJURY While	Nat while		E OF INJURY [Harry, street, office bl		. (City or tow	n}	(Cau	nly}	(Stole)
	2	p. m.		of wark 🗌 t	al wark		1 /	<u> </u>	-				
		,	t (1) (this haspital)				6-16		ta 01-				
			ed alive an 🐠 :	22	1960 and	that dec	ath accurred a	19:35A	rom the co	ouses and	d on the c	late state	
		220 SIGNATURE		1.		MI	ATTENDING	MED DIRECTO	STAI	F _	9	/27/6	22b DATE SIGNED
		224 PHYS CIAN'S	sure.	2212	ne	res	22d ADDRESS	EN DIRECTO	>K [· L			
		NAME (Type)	Thomas E. S	tone, M	I. D.		West T	hird St	reet,	Frede	rick,	Maryl	and
	23a.		N. 23b. DATE THEREOF		NAME OF CEME				LOCATION (C		r county)	(\$	lote}
ħ.		Burial	Sept.29,1	960 F	rederick	Mem	orial Pa	rk F	rederi	ck,	M	aryla	nd
S Marie	24	FUNERAL DIRECTOR			ADDRESS	-	2:	50 REC'D BY	REGISTRAR		TRAR'S SIGN		
4	M	I. R. Etch	ison & Son,	Freder	rick, Mar	ylan	el D	ATESEP 2	8 00	Circ	hur S. H	LANCE .	





VR A1S (4) 15M 9/59

16000

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10253

PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (W		. COUNTY _	dence before admission) Prederick		
b CITY OR TOWN (If outside corporate limits, w RURAL and give neorest town) Frederick	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL or	nd give nearest town)		
d. NAME OF HOSPITAL (If not in hospitol, give son institution 200 East Seventh Street	'	STREET ADDRESS	Seventh S	treet	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) GRACE	Middle MAY	FOGLE	4. DATE OF DEATH	Month Septemb	Doy 29, 9 60		
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH July 31, 187		E (In years FUNE birthday) Month yrs	DER I YEAR IF UNDER 24 HRS UNDER 14 HRS MIT		
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work	106. KIND OF BUSINESS OR INDUS At Home	Maryla	ınd	12 (CITIZEN OF WHAT COUNTRY		
3 FATHER'S NAME		14. MOTHER'S MAIDEN					
Aquilla Wolfe 15. WAS DECEASED EVER IN U. S. ARMED FORCES:	7 16. SOCIAL SECURITY NO. 17 IN	ALT	eanna Cut	Address			
(Yes, no, or unknown) (If yes, give wor or dotes of service)	Roy F. Fogl	.e-Same as	***			
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.							
Part II. OTHER SIGNIFICANT CONDITION					PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury m	Port I or Port II of i	tem 18)			
A Hour o m.	20e. PL While Not while for the work of work	ACE OF INJURY (Home, for the country, street, office to dg., et	m, ^T 20 ^F (City or tow c)	r)	(County) (Store)		
21. I certify that (I) (this haspital) a saw the deceased alive an.			OA, from the c		60, that (I) (we) lost the date stated above		
220 SIGNATURE AMA	the .	M D ATTENDING MED STAFF 10/3/600					
22c PHYSICIAN) NAME (Type) Rex R. Marti	in, M.D.	North Mar	ket Stree	t, Freder	rick, Maryland		
236 BURIAL, CREMATION 236 DATE THEREOF Oct. 3,1960	23c NAME OF CEMETERY O Mount Olivet		23d LOCATION (C	City, tawn, or count $\mathtt{ck}_{\mathfrak{p}}$	Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ADDRESS rederick, Marylan		CT 4 '60	256 REGISTRAR'S Chilman	SIGNATURE S. Thoma		



o. STATE

Marvland

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

COUNTY

Frederick

b CITY OR TOWN (if autside carporate limits, write

MARYLAND

c. LENGTH OF STAY IN 16

director, illed with filed

death.

haurs

death

that the

PLACE OF DEATH

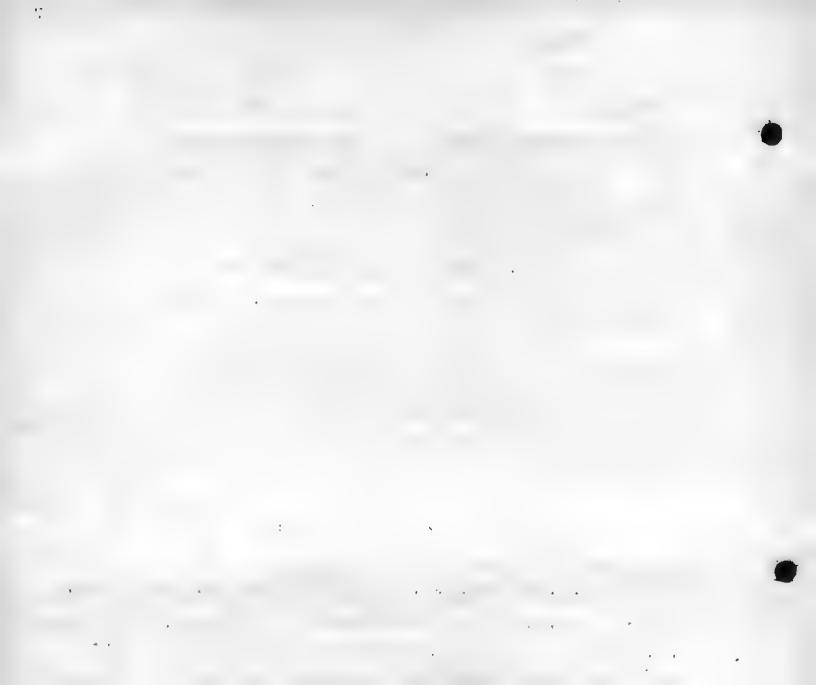
o. COUNTY

P .도 등 oges 00 rsicion 듄 6 attendi ጌ þ 8

certificate has been si hos h ATTENDING P Anoy be re-0

RURAL and give nearest lawn) Frederick Frederick Days d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT L32 West Second Street Rrederick Memorial Hospital 4. DATE NAME OF First Middle Lost Month Day Year DECEASED OF DEATH (Type or print) LIZZIE EDITE FOX September 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS Bu yrs Manths Doys Hours DIVORCED [WIDOWED June 16, 1576 Famale White 10a USUA. OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland USA House-work At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Remsbers Francis T. Hopwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Miss Elizabeth C. Martin-Same as Item #2 Ne No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia DUE TO Chrome Pyelonephretes Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20a ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, 20f (City or lown) (Stote) (County) factory, street, affice bldg., etc.) Hour on Whie Not while of work of work p. m. 21 | certify that (1) (this haspital) attended the deceased fram... and that death accurred 10:500 fram the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. MD. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 810 Toll House Ave., Frederick, Md. L. R. Schoolman, M. D. 23a BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) page the Sta REMOVAL (Specify) Frederick. Mount Olivet Cemetery Marvland 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland DATE SEP 3 U '60 Circhary & France

15M 9/59



J. S. Koma

10255

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

L		14270	CERTIFICA	AIE OF DEATH		
	o. COUNTY Fre	derick	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived. If institution and b. COUNTY	n: Residence before admission) Frederick
	b CITY OR TOWN (III RURAL and give pe	fautside carporate limits, write arest town)	30 Years	c. CITY OR TOWN (IF	outside carparate limits, write RU CICK	RAL and give nearest town)
	d. NAME OF HOSPIT. OR INSTITUTION 5 North B	AL (If not in hospital, give street entz Street	t oddress)	d. STREET ADDRESS 5 North	th Bentz Street	e. IS RESIDENCE ON A FARM? YES NO A
3	R. NAME OF DECEASED (Type or print)	ROY	Middle CHESTER	GAVER		tember 5, 960
	Male	THE P. L. L.	RRIED T NEVER MARRIED TO NEVER DIVORCED TO	B. DATE OF BIRTH 13 May 1896		IF UNDER TYEAR IF UNDER 24 HRS Manths Days Haurs Min
1	Foreman & M	on (Give kind of work done 10) ng life, even if retired) achine Operato		ction Myersv	ille, Md.	12 CITIZEN OF WHAT COUNTRY?
4	3 FATHER'S NAME			14. MOTHER'S MAIDEN		
-	Charles G		SOCIAL SECURITY NO. 17	INFORMANT	Vqque Addre	ice
		If was more or date of service!		rs. Rosie A.		item #1)
	PART I. DEA	mmediate (ar Comma	1 7 h/h.	Ling	ONSET AND DEATH
	S					PERFORMED?
- 1	I (IF EITHER, NOTIFY	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Part I or Part It of Item 18.)	
	20c TIME OF INJUR Hour a.m. p. m	While		PLACE OF INJURY (Home, fari factory, street, affice bldg., et		(County) (State)
	21 1 certify tha saw the deceas	t (1) (this haspital) after ed alive an Sept 4		death accurred in: 1	57 to Sept 5 5M, fram the causes and	, 1960, that (I) (we) last I an the date stated above
	220. SIGNATURE	1, 3 min	- Jan	M D. PHYS D	STAFF PHYS.	7 Sept 1960
	22c. PHYSICIAN'S NAME (Type)	J. G. Bourne, J	r., M. D.	22d. ADDRESS 24 W. All	Saints St., Fr	ederick, Md.
	Burial	9-8-60	Mount Oli	or crematory ret Cemetery	23d LOCATION (City, town, or Frederick, Ma	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	M. R. Etch	s signature nisen & Son, Fr	ederick, Maryl	and 250. REC		TRAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral director, should be filed with pup may be revent to the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior ta burial, cremation, ar remayal, and in any event, with in 77 hours after death TO HOSPITA

VR A15 (4) 1SM 9/S9

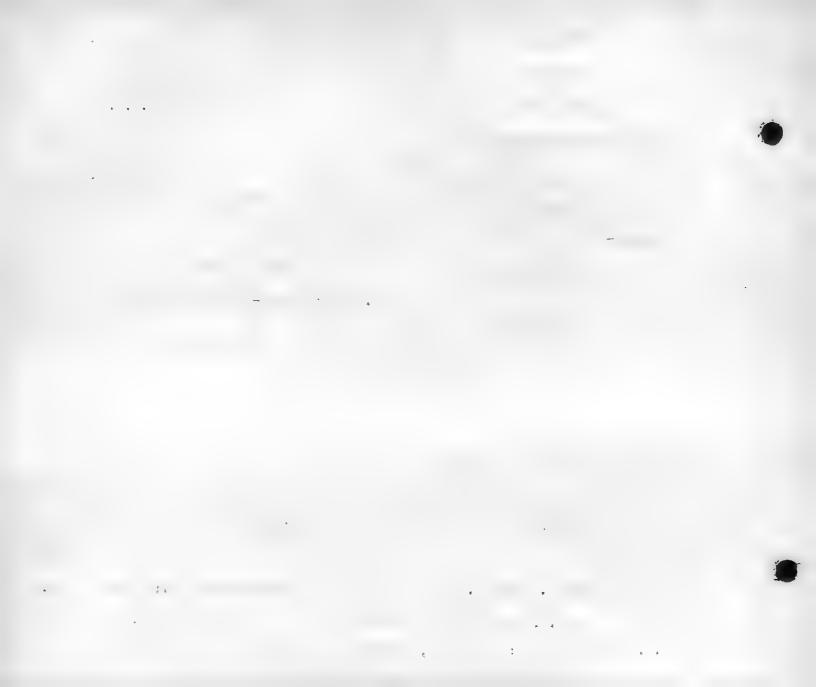


VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10256

)	1 PLACE OF DEATH 6 COUNTY	Frederick	MARYL	o STATE	Virginia	deceased lived. If inst b, COU		V
	b. CITY OR TOWN (II RURAL and give ne	foutside corporate limits, warest town) Frederick	vrite c LENGTH OF STAY II	N 1b c. CITY OR		e corporate limits, wri		
pf	OR INSTITUTION	AL (If not in hospital, give in the Memorial H		d. STREET	ADDRESS	:sk-	4	e IS RESIDENCE ON A FARM? YES NO
UF.	3. NAME OF DECEASED (Type or print)	First				DATE OF DEATH Se	Month notember	Day Year 2. 1960
	5. SEX Female		MARRIED WEVER MARRIED		0.0	905 9 AGE (In ye lost birthde	ors IF UNDER 1 Y	EAR IF UNDER 24 HRS
	10a USUAL OCCUPATIOn during most of work House-1 13 FATHER'S NAME	ing life, even if retired)	106, KIND OF BUSINESS OR	e	Virginia MAIDEN NAME	ia	12. CITIZEN	OF WHAT COUNTRY
,	Home	er Fawley			Bertha	Woodward		
	15. WAS DECEASED EVE		? 16. SOCIAL SECURITY NO.	17. INFORMANT		•	Address	
	No	it yes, give wat as access of source	None	Mr. Edgar	Graham-	Same as It	em #2	
P	Conditions, if or gove rise to it couse (a), storing lying couse lost.	TH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO TO THE MEDIATE CAUSE (6) DUE TO THE MEDIATE CAUSE (6)	Carelyal Carelyal Chemate ONS CONTRIBUTING TO DEAT	ambol Heart	the Sines Direa O THE TERMINAL	DISEASE CONDITION		JW/S JW/S JW/S JW/S JW/S JW/S
	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (206) CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OC	CURRED (Enter noture	of injury in Port	f or Part II of item 18.		YES NO
	ZOC TIME OF INJUR Hour o. m. p. m.		20d, INJURY OCCURRED While Not while of work	20e. PLACE OF INJURY foctory, street, offic		Of, (City or town)	(Cour	nty) (Stote
1	sow the deceas 220 SIGNATURE 220 PHYSICIAN'S		trended the deceased f	that death occurre M D ATTENDIN PHYS 22d ADDI	MED.	from the causes		that (I) (we) los ote stated above 22b DATE 9/2/60 ^{NEI}
		Henry V. Cha	se M.D		4 East	Church St	.;Freder	ick, Md.
	230 BURIAL, CREMATIO REMOVAL (Specify) Burial	Sept.4,196				LOCATION (City, 10	rille,	Virginia
	M.R.Etch		Frederick, Ma	ryland	250. REC'D BY		REGISTRAR'S S GNA	



10257 10303 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY be filed Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Rural Sabillasville Baltimore 24 2 d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 422 N.East Ave. YES TO NO K 3. NAME OF Middle 4. DATE Month Year DECEASED OF DEATH Sept. 4.1960 John 1 20 2 1) (Type or print) 130 . 3 19 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years White Months Days Hours Feb I9 1876 DIVORCED [7] WIDOWED [7] deoth: 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore Md. USA Electrician U.S. Coast Guard pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Greb Annie Catherine 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address Amelia H. Greb (wife) 422 N. East Ave. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concestive Heart Failure 70 13.0 **DUE TO** Conditions, if any, which M Act vi scleratic Carlior scular gave rise to immediate **DUE TO** cottse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICA 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. m. factory, street, affice blda, etc.) Nat while While at work at wark p. m. 21. I certify that I ottended the deceosed from. 9-7: 7-4 . 19 50, that I last sow the deceased, 19<u>.0</u>., 10__ _, and that death occurred at 5:00AM, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED 7-4-17 shoul PHYSICIAN'S NAME (Type) FUNER C 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Loudon Park Cemetery Baltimore Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR SONS.INC. Baltimore Md. DATE SEP 7 '60 Cirthur & Kins 15M 9/55



MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Md.

b. COUNTY

Frederick

papers. death. haurs remove 22 attending přease pub RECTOR: Pe prior v FUNERAL

2

Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Frederick Braddock Heights. Md vrs-3 d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE VIndobona. ON A FARM? 214 S. Market St. Inc. YES NO I NAME OF Middle 4. DATE First Lost Month Doy Yeor DECEASED Isabell. DEATH (Type or print) Griffin September 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (in years last birthdoy) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Doys WIDOWED DIVORCED | August Female 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At home U.S. Frederick.Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fannie E. Bartgis Williams B. Sterm 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address None W.Bartgis Storm.21h S.Market St.Frederick.Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** casse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice blda., etc.) Haur o. m. While Nat while of work p. m. June 3., 19 58, to Sept. 20, 19 60 that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 3:30PM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S H.L. Fahrney M.D. C 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) Frederick.Maryland Mt.Olivet Cemetery 9/23/60 Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR M.R. Etchison & Son. 106 East Church Fred Nd. DATE F 2 3 '60 Mun & France 1SM 9/55



FOR STATE	10279 MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY Frederick MARYLAN	2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o STATE Maryland b. COUNTY Frederick
of Hee	b. CITY OR TOWN (1 autiside corporate nimits, write RURAL C LENGTH OF STAY IN 11 Frederick Days	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
Board	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Frederick Memorial Hospital	d street address 33h East Third Street "Is res Den. ON A FARA YES NO
relain se Store	3. NAME OF DECEASED (Type or print) DAISY ESPHENA	GROVE DEATH September 29, 19 60
d 3 to 1 may be with 11 ours offe	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED THE Female White WIDOWED DIVORCED	April 27, 1877 83 yrs Months Days Hours Min
Poge 5	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if refired) At Home	Maryland 12 CIT.ZEN OF WHAT COUNTY Waryland USA
Poges Poges Poges	George A. Babel	Marselena M. Kalb
Give	(Yes, an or unbown) I (If yes, give year as dates of service)	r. George E. B. Greve-Same as Item #2
Jen 18	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRIA	AGE INTERVAL BLINGER ONSET AND DEATH ONSET AND DEATH LE HOU
pencil in S Office riol-trons	Conditions, if only, which (b) Franctical governor the underlying DUE TO	right hep 12he
fion, or	couse lost (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS
'pendi	Fractured Hip—Due to Fall 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OF CURRED	PERFORMED? YES NO [O (Enter nature of injury in Port I or Port II of Item 18.)
word word buriot buriot	200 EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. 1	PLACE OF INJURY (Home, form, '20f (City or town) (County) (State
the Charles and seed a	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. I While Not while of work of work 21, I certify that I took charge of the remains described o	foctory, street, office bidg, etc.) Frederick Frederick Md boove, held on Autopsy , Inspection , Inquiry Kl, and in r
ded to	opinion death resulted from. Natural causes . Acciden	
Pirice forward of the control of the	ACTUAL SIGNATURE BOTTLEMENS	M D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
designo	EXAMINER'S NAME (Type) B. O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER (ST. 9/39/60)
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	220 BUR AL CREMATION, 226 DATE THEREOF PROVAL (Specify) Oct.1,1960 Mount Oliver	t Cometery Frederick, Maryland
S. A15ME 5M 2/57	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Mary.	land DATE OCT 3 160 246 REGISTRAR'S SIGNATURE





TO HOSPITA VR A1S (4) 15M 9/59

٧/		PLACE OF DEATH		2 USUAL RESI	DENCE (Where deceased i		sidence befare admission	n)
	· °	· COUNTY FREDERICK	MARYLAND	a. STATE In	ARULAND	b. COUNTY F-R	EDERICK	
	ŀ		c. LENGTH OF STAY IN 16	c. CITY OR I	OWN (If autside corpora	te limits, write RURAL	and give nearest town)	
		RURAL and give nearest lawn) FREDERICK		X RAU	TF 3 Fre	derick		
5		d NAME OF HOSPITAL (If not in haspital, give street ad OR INSTITUTION	(dress)	d. STREET A			e IS RESID ON A F	ENCE
		((I, c), c o .) I have c	ORIAL HOSPITAL	. Ro	oute 3		YES 🗍	
	3 1	NAME OF First	Middle	las		Manth	Day Ye	10
		DECEASED (Type or print)	Robert	121	OF DEATH	SIEDTIELER		60
	5 5	SEX 6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTI	9		NDER TYEAR IF UNDER	
	1	MALE WIDOWED		Fèb. 17	7 (1870	last birthday) Mar	ths Doys Hours	Min.
	10o	. USUAL OCCUPATION (Give kind of work dane 10b K)	-	STRY (11 BIRTHPL	ALE (State or foreign cou	Mu ' I	CITIZEN OF WHAT CO	UNTRY?
		Retired Stone Las		_	sdale. Md		USA	
	13.	FATHER'S NAME	011		MAIDEN NAME	· ·	ODA	
	,	1.05.180	A	74	Carrie	0,110	1	
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SC	OCIAL SECURITY NO. 117 #	NFORMANT	oarrie	Address	DEITE	
	JYns	s. na _k ar unknown) (If yes, give war or dates of service)			nt Woddio	D #7 T	Two Sout ols	77.3
	-			Tra Robe	ert Weddle	, N.#D, E	rederick.	LEED!
		1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY		Done	0		ONSET AND D	EATH
		IMMED ATE CAUSE (a)	ENERALIZED	TREIEN	PLOSC LERUSI)	YEARS	
		4-50,0 DUE TO	N	44				
		Conditions, if any, which (b) (b)	HBOOMINAL	NEOPLE	ASM- GRIGI	N UNDETE	SWIMED 6	140117
		cause (a), stating the under-						
	_	lying cause last.) (c)						
	10°	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN 11	PERFOR	MED?
0	ICA.			<u>.</u>			YES _	NO 🗌
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	ED (Enter nature a	finjury in Port or Port I	l of item 18 }		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	D.CAL	Hour o, m While	Not while 20e. PI	LACE OF INJURY (actory, street, affici	Hame, farm, † 20f (City o a bl dg , etc.)	r town)	(County)	(State)
	MED.	p. m. 19 at wark	at work					
		21 I certify that (I) (this haspital) attende	d the deceased fram	August 13	12 (0 , .ta SC	PT. 27	19(e), that (!) (w	e) last
		saw the deceased alive an SEPT-27	19 <u>60</u> , and that			ne causes and ar	the date stated o	bave
		220 SIGNATURE)	ATTENION	C NO	****	a/a / 22b	DATE SIGNED
		Ruhard C. Kl	ynotels.	M.D PHYS	DIRECTOR L	STAFF PHYS	9/28/60	
		PHYSICIAN'S NAME (Type) Richard C. Re	20000733	22d ADDR	-	* * * *	•	
2.		Alchard C. K	eynolds		Frederick	, Ad.		
1	23a	BUR AL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATIO	DN (City, town, or cou	inty) (State)	
1		Burial 09/30/60	Marvin C	hapel	Pla	ane #4. A	[d]	
4	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		250 REC'D BY REGISTRA	AR 2Sb REGISTRAF	'S SIGNATURE	
		Clim & Volesuntin	Damascus,	i.d.	DATE SEP 3 U'C	0	2 10	
						Land,		





gel

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
FA 4 3 44 404					

CERTIFICATE OF DEATH

10263

V	2.000			Reg	. Dist. No.
1	PLACE OF DEATH			e deceased lived - If institution, Re	sidence before admission)
I	Frederick	MARYLAND	Maryland	b. county Frede	rick
ľ	b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	77	side corporate limits, write RURAL	and give nearest town)
1	Rural - Myersville	46 vears	Rural - N	Myersville Rou	ite # 2
r	d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION		d. STREET ADDRESS	1010.1110	e. IS RESIDENCE
	Route # 2		Garfield		YES NO
1	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
١	(Type or print) CARRIE	SUSAN	HARNE	DEATH September	r 14 1960
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
	female white WIDOWE	DIVORCED [August 14,1		ths Days Hours Min.
Î	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State or	fareign country) 12	CITIZEN OF WHAT COUNTRY
ı		n home	Frederic	ck Co. Md.	U.S.A.
Ī	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE	
	John E. Kuhn		Martha Sw	о ре	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Address	
	no	none Mi	lton W. Harr	ne, Myersville	e, Md.
F	1B. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]			INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) JOP	onary Caelus	aion		ONSET AND DEATH
	7 27 J DUE TO				
	Conditions, if any, which) the HTT	intro ve T	arliovaceuls.	m 7° - 20	E Ina
١	gove rise to immediate couse (a), stating the under-				
	lying couse lost. (c)	5''Y			in Art.
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN.	ALDISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED?
1	CAI				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS COLOR 200 ACC DENT WAS UNDERLYING 200 DESC OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in Pa	rt I or Port II of Item 18)	
	3 20c TIME OF INJURY Month, Day, Year 20d. It	JURY OCCURRED 20e PL	LACE OF INJURY (Home, form,	20f (City or town)	(County) (State
	20c TIME OF INJURY Month, Day, Year 20d. Phaur a. m. White of worl	FYUL WILLIE	actory, street, office bldg., etc.)		
		~ !	, 19.50_, ta	0-14 1950that	11
	21. I certify that I attended the decease alive an				I last saw the decease
1	alive an	, and that death		A, fram the causes and ar	
1	ACTUAL Synthy			between tottoon, only on norm, alone,	2-15-50
1	SIGNATURE COLOR ST.	4-7-7-	.M.D		
	PHYSICIAN'S Charles F. 1	Hess	Sm11	thaburg, Md	
1	220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY C	OR CREMATORY 2	2d LOCATION (City, town, or cou	inty) (State)
	Burial Sept. 17, 196	United Br	rethern da	arfield, Fred	.Co. Md.
1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR	'S SIGNATURE
	Paul F. Bittle.	Mversville	DATE SEP	19'60 arthur	S. Hours

Myersville, Md

VS A1S (4) 15M 9/58



10264

10293 **CERTIFICATE OF DEATH**

Rea. Dist. No.

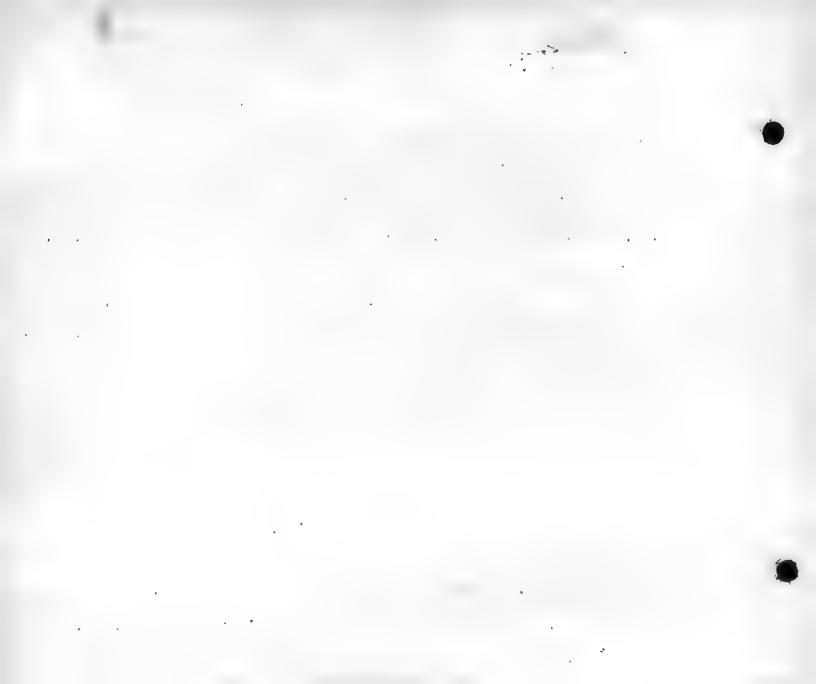
- CTATE	before odmission) lerick
c. CITY OR TOWN (If autside carporate limits, write RURAL and giv	e nearest fown)
Brunswick 35	
d. STREET ADDRESS 203 West "B"	e. IS RESIDENCE ON A FARM? YES NO
overmale 4. DATE Month OF DEATH 9	27 Year 1960
	YEAR IF UNDER 24 HRS ays Hauss Min.
ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY
Maryland U.S	3.A.
14. MOTHER'S MAIDEN NAME	
Mary A. Pearry	
¥	
harles W. Hovermale, Brunswick	
	INTERVAL BETWEEN ONSET AND DEATH
	3 days
tomach	6 mon.
Management of the Control of the Con	2 mon.
t not related to the terminal disease Condition given in part 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO 5
ED. (Enter nature af injury in Part I ar Port II of item 18.)	
	unty) (State
9 . 19 53, to Sept . 27 . , 19 60 hat I last	saw the decease
h accurred at 3:55 A. fram the causes and an the (ADDRESS (Street, city or town, state)	date stated above
Mo. 15 S. Maryland Ave.	9-23-60
Brunswick, Md.	
OR CREMATORY 22d, LOCATION (City, tawn, or county)	(State)
Petersville Many	rland.
240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGN	ATURE
	COMM
	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Brunswick d. Street Address 203 West PBII Lost OPEATH 9 B DATE OF BIRTH 9 B

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL

VS A15 (4) 15M 9/58





MARYLAND STATE DEPARTMENT OF HEALTH

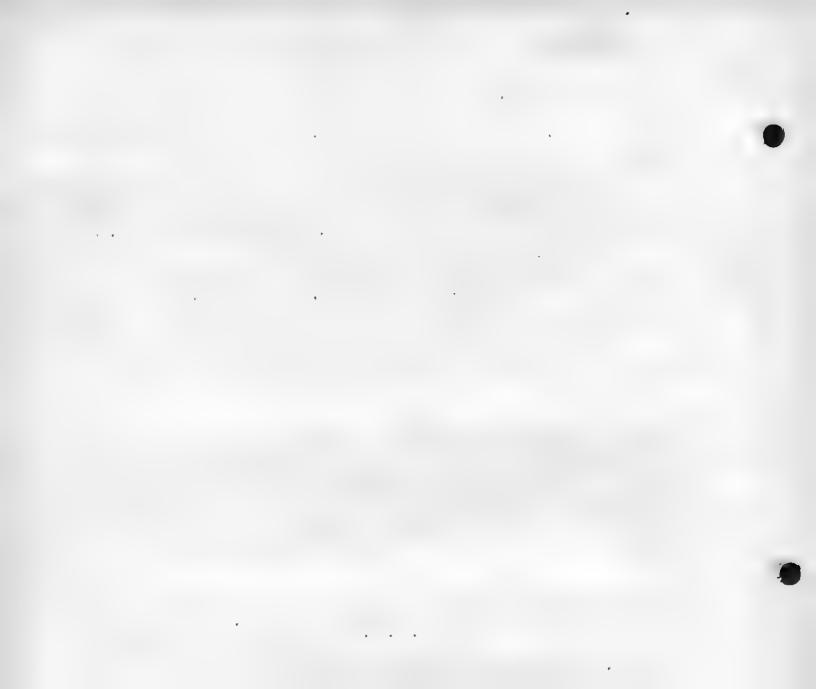
10275

10266 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY
Frøderøk Frederick MARYLAND	Maryland b. COUNTY Fred rick
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Emodiciality Days	X : 4 7 7 2 1
d NAME OF HOSP TAL (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
OR INSTITUTION	ON A FARM?.
3 NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF DEATH
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (IN YEAR) IF UNDER 1 YEAR IF UNDER 24 HRS
WIDOWED DIVORCED	tost birthday) Months Doys, Hours Min
100. USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	7" " 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Togonh Tuffor	
	NFORMANT Address
(Yar_ng or unknown) (If yas, give war or dates of service) + 11.0	ing. They director July 1 has the
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	mary Occurren & Cday
420.1 DUE TO 11.	
Conditions, if ony, which) (b) Merchy	ed atteresclerous unknows
gove rise to immediate Course (o), stating the under-	
lying cause last (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3 Denember Jaunchie (and inelitionined YES NO In-
200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIBUTION	ED (Enter nature of injury in Port I or Port II of item 18)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) street, office bldg, etc.)!
Mour o m. While Not while to work of work	crory street, office blog, etc.)
21. I certify that (1) (this haspital) attended the deceased fram.	4/15 1960 to 9/19 1960 that (1) (we) last
saw the deceased alive an 1966 and that a	death accurred always, from the causes and an the date stated above
Jensey T. C. Henney	ATTENDING MED. STAFF SIGNED
22c PHYSIC AN'S	MD PHYS DIRECTOR PHYS 1/2 U/E L'
NAME (Type)	The many that the second of th
23. SUDIAL CREWYOULD DAY PAY YEARON	The second secon
230. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY C	7 7 7
Duric! Sent. 28, 60 Reform	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Gladhill Comeny Middleton	im, 11d. DATE SEP 22'60 City & Kons



after death: Page



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No. ALTH DEET I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) . COUNTY Frederick files. Heolth, MARYLAND Frederick b CITY OR TOWN (If outside corporate him to write RURAL F. LENGTH OF STAY IN 16 c. CITY OR TOWN I f outside corporate limits, write RURAL and give nearest town) Frederick Month Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e If RESIDEN .E ON A FARM? Frederick Memorial Hospital Jenkin's Cannery YES INO TY M ddle DECEASED Lorenzo Jefferies (Type or print) DEATH September 19 60 5. SEX 6 COLOR OR RACE 7 MARRIED [NEVER MARRIED [8. DATE OF BIRTH 9 AGE (+ year IF UNDER TYEAR Months Days Male Colored WIDOWED DIVORCED T 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if relired)

Laborer

Greenshore N. C. Page 12. CITIZEN OF WHAT COUNTRY? Greensboro.N.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bert Jefferies Cindy Dickie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Hemorrhage. Punctured left lung. hours Ruptured Spleen, Lacerated left Kidney Conditions, if ony, which] gove rise to immediate couse DUE TO (a), stoting the underlying Fractured ribs on left side 5TH to 12th couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO | 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING Riding on top of truck of corn, turned over and thrown CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) While Not while factory, street, office bldg, etc.) 20c. TIME OF INJURY Month Day, Year Route67 of work X of work Nr. Weaverton Frederick 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER [" ASSISTANT MEDICAL EXAMINER **EXAMINER'S** FUNERA B.O. Thomas, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) September 6.1960 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION ICITY, town, or county! REMOVAL (Specify) Burial rairview Cem. Frederick. Maryland ADDRESS* 23 FUNERAL DIRECTOR S SIGNATURE 246 REGISTRAR'S SIGNATURE C'illus & thous 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10269

\	1	027
	1. PLACE OF DEATH 6. COUNTY	Fr

	o. COUNTY	Frederic	sk	MARY	LAND	2. USUAL RESID		ryland	COUNTY		ederick
	b. CITY OR TOWN (II RURAL and give no Frederic	outside corparate limi prest town) C	ts, write	c LENGTH OF STAY	IN 16	c. CITY OR T		outside corporate lim Frederick		ond give neare:	st fown)
	OR INSTITUTION LOLE East	Fifth Stre		address)	ļ	d. STREET A		ast Fifth	Street		IS RESIDENCE ON A FARMS YES NO
1	NAME OF DECEASED (Type or print)	Fic.	::	MAE		lasi KEFA		4. DATE OF DEATH	Month Septemb	per 16	9 60
Ι.	sex Female	6 COLOR OR RACE White	7 MARE	RIED NEVER MARRI		DATE OF BIRTH		, 1885 74	birthdoy) Mon		UNDER 24 HRS Haurs Min.
100		ing life, even if retired)	t Home	OR INDUSTI		ACE (Stote Aryla		12	USA	VHAT COUNTRY?
13.	FATHER'S NAME					14, MOTHER'S					
L	J	ahn Thomas	Creu	86			3	eanie Meh	rling		
		R IN U. S ARMED FOR If yes, give wor or dates of s	ecalce)	SOCIAL SECURITY NO		. Ruth	N. Br	ightwell-	Address Same as	Item #	¥2
CERTIFICATION	Conditions, if a gove rise to it cause (a), stating lying couse last. PART II OTHER	the <u>under-</u> DUE TO)) D,TIONS (CONTRIBUTING TO DE							WAS ALTOPSY PERFORMED? (ES NO
MEDICAL CE	20c. TIME OF INJUR Hour o.m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Ye 19	While	Naury Occurred Not while		E OF INJURY () ry, street, office		20f. (City or tow	m)	(County)	(Stote)
	21 I certify that saw the decease 22a. SIGNATURE 225 PHYS CIAN'S NAME (Type)	ed alive an	fat!	60	- A	22d ADDRE	SS M	M from the confector Bright	ouses and ar	the date s	t (!) (we) last stated above. 22b DATE 7/60 S GNED Marylane
23	BURIAL, CREMATIO REMOVAL (Specify) Burial	Sept 19,		23c NAME OF CEM				23d. LOCAT ON (C	*	67	(State) ryland
24.	M. R. Et		ong F	rederick,	Maryl	and		D BY REGISTRAR EP 2 0 '60	25b. REGISTRAR	'S SIGNATURE	ı

may be retained to the haspital ar oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hauginative, death. TO HOSPITA VR A1S (4) 15M 9/59

after death. Tage 1

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

e funeral director, should be filed with



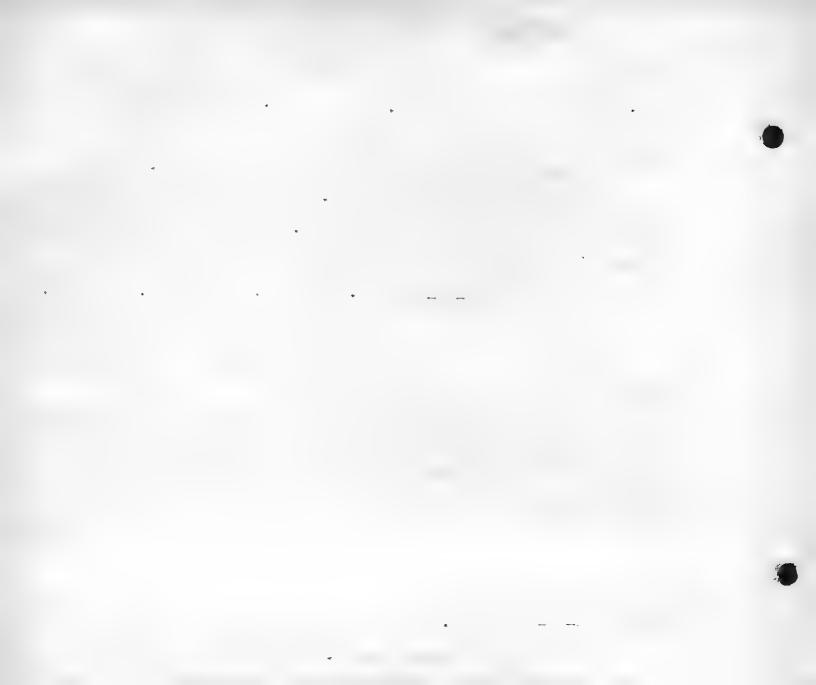
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITA

VR A15 (4) 15M 9759

after death. Page

PLACE OF DEATH	erick	MARYLAND	2. USUAL RESIDE	NCE (Where deceased	lived. If instituted b. COUNTY	F'rede		
	outside corporate limits, write rest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	Mt. Air		URAL ond give no	egrest fown)	
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET AD	DRESS			e IS RESII ON A YES	DENCE FARM?
3. NAME OF DECEASED (Type or print)	Daisy Ca	therine L	awson lost	4. DATE OF DEATH	Sept	. 18 °	_{ωλ} τ 9 6ή	9
Female	6 COLOR OR RACE 7. MARR	IED NEVER MARRIED DIVORCED	Feb. 27		AGE (In years love) hdoy)	Months Days	Hours	R 24 HRS Min
HOUSEWILE	(Give kind of work done 10b. ig life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA		untry)	12.CITIZEN C	F WHAT CO	DUNTRY
APVLCE B	ridges		14, MOTHER'S A	idle Chi	отел			
	IN U. S ARMED FORCES? 16 yes, give war or dates of service) 2	SOCIAL SECURITY NO. 17.	Mr. Geor	ge C. La	wson, M	t. Air	y, Mc	i.
Conditions, if on gove rise to im couse (a), stating the lying couse lost.	mediate (tatus H. Brone	sth m hial n	Asthma	<u> </u>		TERVAL BET SET AND Y- Cla	WEEN DEATH
CATIC	R SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED TO 1	HE TERMINAL DISEASE	CONDITION GIV	'EN IN PART 1(0)	19. WAS A PERFOR	RMED?
200 ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY N	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port I or Port	H of item 1B)			
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (He foctory, street, office I		or town)	(County	7)	{State
	(1) (this hospital) attended olive on $\frac{SEDLI}{I}$			1959 to _	he causes on	19 <i>60</i> , 1 d on the dot		
220. SIGNATURE	and wite	rel CC	M D. PHYS	MED. DIRECTOR	STAFF PHYS.		1226	DATE
22c PHYSICIAN'S NAME (Type)	WB Certer	0/1	22d. ADDRES	214 4 17	11/			
23g BURIAL, CREMATION REMOVAL (Specify) Burial	9-21-60	Mt. OLIVE			ON (City, town, c		(Stote	,
24 FUNERAL DIRECTOR'S	SIGNATURE DE LA COLOR	ADDRESS		PATE CED 2 2 16		STRAR'S SIGNAT		



M. R. Etchison & Son, Frederick, Maryland

CERTIFICATE OF DEATH

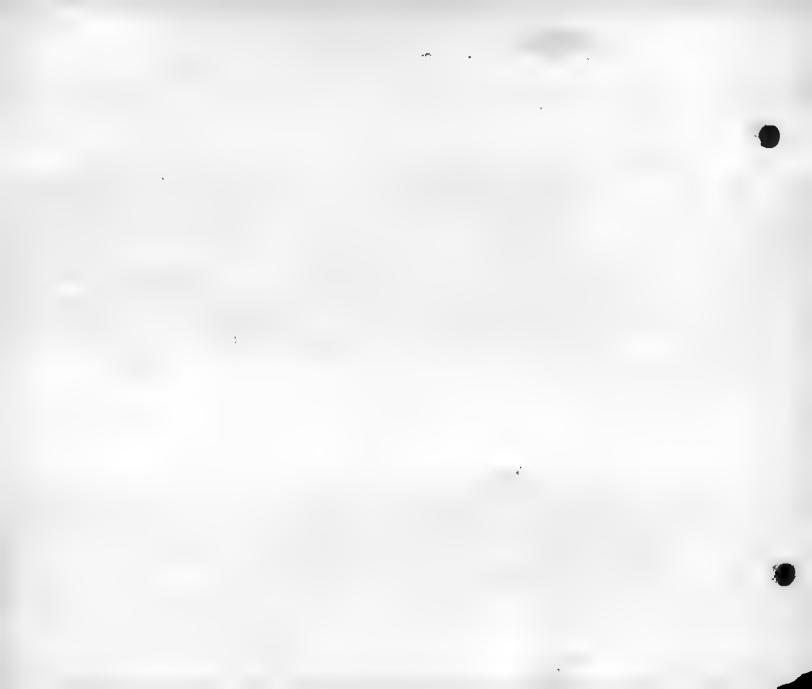
	1613		CERTIFIC		OI DEAII	•			
1 PLACE OF DEATH					USUAL RESIDENCE (V	Vhere decease		n: Residence	before admission)
Fre	ederick		NAME AND POST OF	•	o. STATE	yland	b. COUNTY	Frede	rick
	If outside corporate limit	s, write c. LEX	19749 STATES	5	c. CITY OR TOWN (II	outside corp	orote limits, write RL	JRAL and give	nearest town)
RURAL ond give n			Number of	4/	/ Fre	derick			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ive street oddress)		d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?
Montevue					267 West	Fifth	Street		YES NO
3. NAME OF DECEASED	Fire	it	Middle		Last	4. DATE	Mont		Day Year
(Type or print)	MAF	RGARET	ELLEN	TYG	LEASE	OF DEATH	- Sept	ember	19, 19 66
S. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	BD	ATE OF BIRTH		9. AGE (In years		FEAR IF JNDER 24 H
Female	White	WIDOWED [DIVORCED	0	cteber 23,	1872	87 yrs	months De	ays Hours Min
10a USUAL OCCUPATE during most of wor	ON (Give kind of work di king life, even if retired)	lone 10b. KIND (OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	e or foreign	country)	12 CITIZE	N OF WHAT COUNTE
House-wor			Home		Ma	ryland	l		USA
13 FATHER'S NAME				1.	4. MOTHER'S MAIDEN				
Aı	nos Lease					ry Nee	ick		
15 WAS DECEASED EV	ER IN U. S. ARMED FOR			, INFOR					rch Street
No		214-1	0-1788	Mr.	Russell L.	Micha	tel, Frede	rick,	Maryland
	ATH [Enter only one co	use per line for (o), (b), ond (c).]	A	4-11	, ,	,		INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	ari	terosc	le	rotiche	arth	mease		5yrs+
420.	O DUE TO				_ ,				
Conditions, if		- ans	Lua St	مرم	cons				2 2420 t
gove rise to couse (o), stoting									
lying couse lost.									
PART II OT	HER SIGNIFICANT CONI	DIT ONS <u>CONTRI</u>	BUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPS PERFORMED? YES NO
200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS JNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE H	IOW INJURY OCCUI	RRED (E	inter nature of injury i	n Port I or Po	ort (Lof item 18.)		
3 20c. THE OF INJU	RY Month, Doy, Yes	or 20d INJURY	OCCURRED 20e		OF INJURY (Home, for		ty or town)	(Cou	inty) (Sto
WEDICAL SOLUTION OF THE PROPERTY OF THE PROPER	19		for white	foctory	, street, office bldg , e	tc }			
21 I certify the	at (I) (this haspital) attended th	e deceased fra	m. 42					, that (1) (we) la
	sed alive an	t18-1	960 , and tha	t deat	h accurred at 3	30Afran	the causes an	d on the c	date stated abay
220 SIGNATURE	0 2	20			ATTENDING	MED	CTASS		22b DATE
22 BUVELETA IC	120,	Hum	rage	M.D	PHYS.	MED DIRECTOR [STAFF PHYS		9/20/196
22c PHYSICIAN'S NAME (Type)	B. O. Th	omas, M.	D.		Professi	ional I	Building,	Freder	ick, Йd.
23a BUR AL, CREMATIC		1F 23c	NAME OF CEMETER	Y OR CE	REMATORY	23d LOC	ATION (City, town, o	or county)	_(Stote)_
REMOVAL (Specify	Sept.21,	1960 N	dount Oliv	et (Cemetery	Free	derick,	N	laryland
24 FUNERAL DIRECTOR			DDRESS	7	- 6	C'D BY REGI		TRAR'S SIGN	
M. R. Et.	chisen & So	a. Frede	rick. Mar	VLar	IE DAY	Er LL	Un Cin	ilms S. A	news

in e funeral directar, and 2 shauld be filed with ofter death. Page 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs may be retained by the haspital ar othending physician.

> FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or remayal, and in any event, within 22 hours after death. TO FUNERAL DIRECTOR:

VR A15 (4) 1SM 9/59





ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rething by the hasp tal an attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and campretely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filed with the State Board of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1028 CERTIFICATE OF DEATH

10273

1, PLACE OF DEATH a. COUNTY	Frederick		MARY	ILAND	a STATE	ence (wh		d lived If institut b. COUNTY		nce before on derick	
b. CITY OR TOWN RURAL and give Frederic		is, write	c. LENGTH OF STAY 7 Months		1.		•	rote limits, write Rural-R.			tawn)
d NAME OF HOS OR INSTITUTION Three Pine	Nursing Ho	ne street	oddress)		d STREET AL	_	II Ro	ad		C	RESIDENCE
3 NAME OF DECEASED (Type or print)	Fir IDA	st	Middle MAY		LENHA	RT	4. DATE OF DEATH	Sept	nth maber	28,	Year 19 60
5. SEX Female	6. COLOR OR RACE	7. MARR			B. DATE OF BIRTH		878	9. AGE (In years last birthday) 82 yrs	Months		UNDER 24 HR
during mast of w	TION (Give kind af work of arking life, even if retired work		kind of Business of Home		TRY 11. BIRTHPU	ylane	ar fareign c	ountry)	12. CIT	USA	HATCOUNTRY
13. FATHER'S NAME	Benjamin F.	Lenh	namt		14. MOTHER'S			et Purdy			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17. IN	FORMANT		or Par		dress		
No	(If yes give war or dates of s	0.00	ne	Mr	. George	H. W	. Len	hart-Sam	e 25	Item #	2
Conditions, if gave rise to cause (a), statir lying couse los	immediate DUE TO)									
PART II. C	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PAR	P	VAS AUTOPS ERFORMEDS IS NO
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature of	injury in l	Part I ar Par	t (1 of item 18)			
20c TIME OF INJ	1.0	20d II White at war	NJURY OCCURRED Nat while k at wark		CE OF INJURY (Hory, street, office			y or town)	((Caunty)	(Stat
saw the dece	hat (1) (this haspital	pitend	. /		eath accurred	4:00	M, from	the causes a			(I) (we) la ated above
220 SIGNATURE	uzzl C. K	eyn	etels,	è	ATTENDING		ED RECTOR [STAFF PHYS		9	225. DATE 7/30/60
22c PHYS CIAN : NAME (Type	R. C. Reyn	olds,	м. D.		East		h Str	eet, Fre	deric	k, Mar	yland
23d BURIAL, CREMAI REMOVAL (Speci BURIAL	Oct. 1,1	- / -	23c NAME OF CEM				_	TION (City town, derick C	ounty		(State)
24 FUNERAL DIRECTO		The contract of the contract o	ADDRESS		A		D BY REGIS		SISTRAR'S SI	- 11	
M. R. Et	chison & Son	PIC	ederick, Ma	плтя	na	DATE 0	13	'60 C	drilled a	8. Thank	



ofter death. Page 4

ig physic an and completely filled in the funeral director, remove carbon papers. Pages I and 2 shauld be filed will seek within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

de de	a ~
P	
-ê	hen
may be read by the hospital or attending physician.	page 3 should be detached for use as the burial-transit permit. Then please the State Board of Health prior to burial, cremation, or removal, and in any of
B 3	novo
in b	. g. g
ATTENDING PHYSICIAN: The law rec may be rein. By the hospital or attending physician, prinking in programs, who this part of the hospital	ansi ar
bysis	Fig.
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SPI'	3 s
유승	e Se
TO HOSPITI	g モ
	(4)
VR A15 15M 9.	'59'

)	PLACE OF DEATH O. COUNTY Frederick MARYLAND		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) o STATE Maryland b COUNTY Frederick				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick C. LENGTH OF STAY IN 1b Years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick				
g j	d NAME Of MOSPITAL (If not in hospital, give street address) OR NSTITUTION Frederick Memorial Hospital	d. STREI	7 C C Oh			e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print) KATHERINE MACKLEY		A DATE Month Doy COT OF DEATH September 23, 269				
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRI		B. DATE OF BIRTH 9. AGE (In years of UN lost burthday)				
	Female White WIDOWED DIVORCE		ıg 1904	DØ yrs	Months Doys	Hours Min.	
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House—work At Heme		STRY 11, BIRTHPLACE (State or foreign country) Haryland USA				
	13. FATHER'S NAME John E. Ridenour		Nancy M. Mackley				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes. no. or unknown) (If yes, give wor or dates of service) ITALY TAGORIA D. Marriage (Comp. of the property						
	No UNK Joseph P. Marmor (Same as item #2)						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which) (b) Once the first policy of the condition of the condition of the conditions of the c						
	gove rise to immediate cause (a), stating the under-lying couse lost. Due TO Attric p. Chros.						
	200 ACCUPANT WAS INDERLYING D 1200. DESCRIBE HOW INTERLY OCCUPANTS (Fater polyure) of course in Port of grant II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work						
	21 I certify that (I) (this hospital) attended the deceased from Left. 1960 to Left 23, 1960 that (I) (we) last sow the deceased alive on Left 23, 1960, and that death occurred at 154M, from the causes and on the date stated above						
	220. SIGNATURE A. A. Peresse	M D. ATTEN		STAFF PHYS.	24 Sept	225 DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type) A. A. Pearre, M. D.		4 E. Church St., Frederick, Md.				
	23d BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) Burial (Specify) 9-26-60 Mount Olivet Cemetery Frederick, Maryland					(Stote)	
4	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Ma	aryland	250. REC'D BY REGIDATE SEP 2 7		RAR'S SIGNATUR		



23c. NAME OF CEMETERY OR CREMATORY

Year

19 60

(State)

22b DATE

(State)

Thurmort. Mar vland

2Sa. REC'D BY REGISTRAR

SEP 6

DATE

25h. REGISTRAR'S SIGNATURE

arthur S. Thank

SIGNED

23a BURIAL CREMATION.

9-6-60

Burial (Specify)

death.

hours



directar, filed with

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attending |

TO FUNERAL DIRECTOR:

VS A15 (4)

ISM 9/58

er death. Page

The law requires that the death certificate be executed within 24 haurs



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NOT

> > (State)

22b DATE SIGNED

Days

(County)

C. Elma & Henra

DATE SEP 1 9 '60

USA

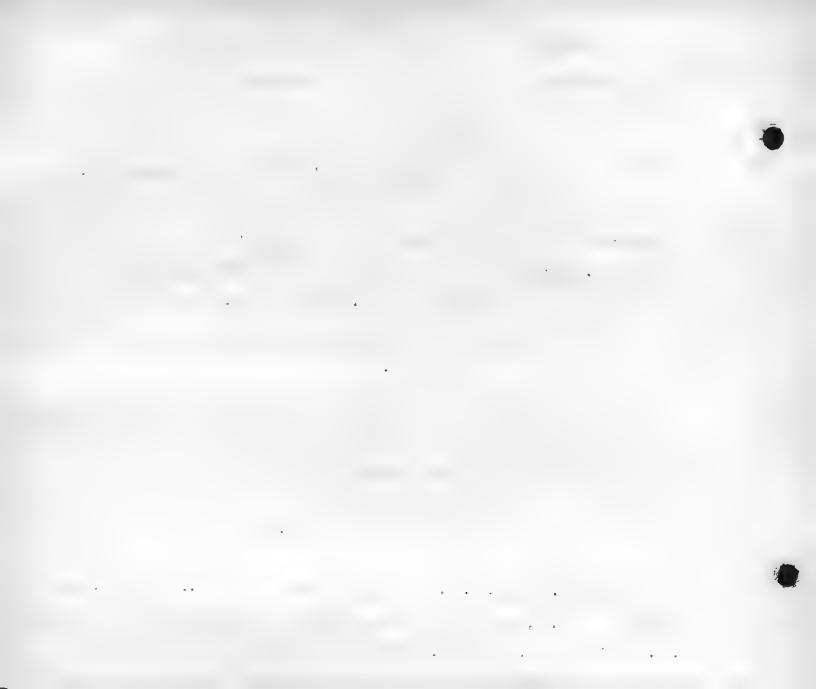
YES 🦳 NO 🍱

Yeor

M. R. Etchison & Son, Frederick, Maryland

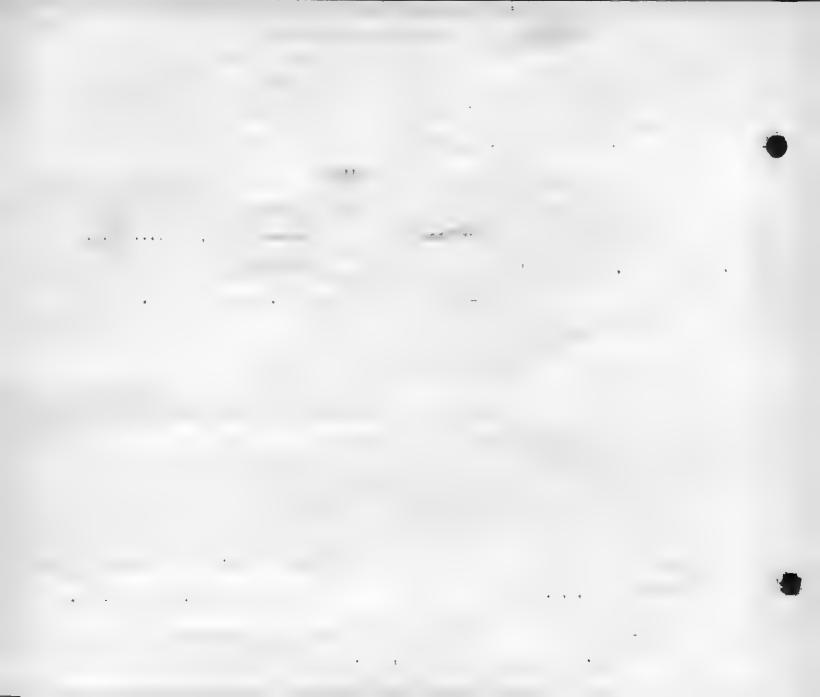
il director, filed with after death. Page **funeral** 70 haurs € Filled ם and Pon COT certificate permil g physicide ö use as to buri detached Health DIRECTOR 40 O FUNER/ 0

1SM 9/59



		10283		CERTIFICA	ATE OF DE	ATH		Re	g. Dist. N	10280
1	PLACE OF DEATH o. COUNTY F	rederick		MARYLAND	2. USUAL RESIDER	ylane		L COLINITY	losidence be	
		outside carporate limits, v	vrite	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If au	side corporale li	mits, write RURA		
	RURAL and give nea	lerick		3 years	Cum	berla	and		-	2/4/ /
		L (If not in hospital, give	street or		d. STREET ADD					e, IS RESIDENCE
		Shawnee Dri	ve.	Frederick, Me	120	5 Bee	dford St	reet		ON A FARM? YES NO T
3.	NAME OF DECEASED	First		Middle	last	1	DATE OF	Month	1	Day Year
	(Type or print)	Albert		_	O'Neall		DEATH	Sept	18	3 19 60
5	\$EX	6. COLOR OR RACE 7.	MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AC	E (In years IF L		AR IF UNDER 24 HRS
	Male	White w	DOWED	DIVORCED [Sept 28	.18	169		11 20	Haurs Min.
10	Do. USUAL OCCUPATION	(Give kind of work done	10Ь. К	IND OF BUSINESS OR INDU						OF WHAT COUNTRY?
L	Falme.	(Retired	} F:	arm Owner	Ch	aney	sville	enna	U.	.S.A
1/2	. FATHER'S NAME				14. MOTHER'S M.	AIDEN NA	ME			
	$B_{\bullet}F$	rederick 0'N	ical		Har	riet	Lashl	ey		
枢	WAS DECEASEDEVER	IN U. S. ARMED FORCES			INFORMANT			Address		
T,	(It NO IT NAPOWE)	Jee' But and or delice of persons	1220	0-34-1432	Mrs Rosann	a M.	Stemp-Sa	me as D	.above	
	18. CAUSE OF DEAT	H [Enter only one cause	per line	for (a), (b), and (c)]		1			IN	ITERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	7	Ryocarde	al Cut	are	6		101	NSET AND DEATH
	420	DUE TO		A	0					
	Conditions, if any	, which) (6)	0	PLACLIC.	mileca	udi	ten			3417.
	gave rise to im couse (a), stating th	mediate (Dus TO)	5-(h)					4
ı	lying cause last.	(c)	12.	eleves e	receros	4				ZYIT.
2	PART II. OTHE	R SIGNIFICANT CONDIT	ONS CC	INTRIBUTING TO DEATH BU	T NOT RELATED TO TH	E TERMIN	AL DISEASE CON	IDITION GIVEN	N FART 1(a)	19. WAS AUTOPSY PERFORMED?
18		10	600	elet-1						YES NO
CEDTIENCATION		UNDERLYING 200 CAUSE OF DEATH (EDICAL EXAMINER)	. DESCI	RIBE HOW NURY OCCURR	ED. (Enter nature of it	njury in Pa	rt I ar Port II af	item 18)		
MEDICAL	20c. TIME OF INJURY			1 6	LACE OF INJURY (Ho	me, form,	20f (City or ta	wn)	(Caunt	y) (State)
1 5	Haur e.m.		While at work	1401 #11110	iciusy, sitees, dilice b	iog., eic.j				
	21 L cartify the	it I attended the de	COUL	d from Mice	1959	10 5	in	106 11	at Llast	saw the deceased
ı	alive on	Que.	10 .1	9 , and that deal	7	JA	Ki from the	,		late stated above.
ı	diffe on	11 - 21	12.4	, and mai degin	occorred di			ily or lown, state		DATE SIGNED
	ACTUAL SIGNATURE	MATON	10		13th	CIEC	A mil.	77174	44.15	+ Sept 6
					m.b. Q				ittl.Jit	
	PHYSICIAN'S NAME (Type)	Dr.M.F.Klin			7 N	orth	Market.	St. Frede	ariok.	
2	TO BURIAL CREMATION	22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCATION	City, tawn, ar co	iuniy)	(State)
	REMOVAL (Specify)	9/21/60		Hillcrest Bu	rial Park			land. M		
2	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		4o, REC'D	BY REGISTRAR	24b. REGISTRA		URE
	Charles	L. George	C.	umberland,	Md.	AMED ?	1 '60	Cultur	8. Krau	A
-										

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10284

CERTIFICATE OF DEATH

10281

		TOPO	T	CERTIF	CAI	E OF D	CAIL	•			Reg. D	ist. No		. (7,4)
1,	PLACE OF DEATH	rick		MARYLA	li li	USUAL RESID	ENCE (Wh			institutio OUNTY	_	nce befo deri		sion)
	b. CITY OR TOWN (IF RURAL and give nea Frederick		, write	6 Days	1b ,	c CITY OR TO	,	utside corpo ick-Rt				give ne	arest faw	n)
	d. NAME OF HOSPITA OR INSTITUTION Frederick	L (If not in hospitol, given Memorial	e street o	oddress) ital		d. STREET AC	opress raddo	ck					e. IS RES	FARM?
3.	NAME OF DECEASED (Type or print)	First WALTE		Middle SHERIDA	AN .	Loss REEDER		4. DATE OF DEATH		Mon S ept	embe	r 29		Yeor 19 69
	Male	White	WIDOWE] 1	ATE OF BIRTH 7 March			9. AGE (I lost bir	n years thday) yrs	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
	Retired Fa	N (Give kind of work doing life, even if retired) THICK	one 10b.	kind of Business or Farm Owner	INDUSTRY	11 SIRTHPLA	CE (Slote d laryL	or foreign co and	ountry)			USA.	F WHAT	COUNTRY
	Josephus R					Mary I								
15. (Ye		IN U. S. ARMED FORCE yes, give wer or dates of ser	vice) _	SOCIAL SECURITY NO.	Jose	rmant ph L. I	Reede	r (Sa	ame 2	Adda s it		2)		
	PART I. DEAT	H [Enter only one count WAS CAUSED BY: MMEDIATE CAUSE (a)]		Generalized	2 0	Enferie	sele	uris					ERVAL BE	
NO	Conditions, if an gove rise to im couse (o), stating It lying couse last. Part 11. OTHE	mediate DUE TO (c).	ITIONS C	ONTRIBUTING TO DEATH	H BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PA	RT 1(o)	P. WAS	AUTOPSY
A CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	AEDICAL EXAMINER)		CRIBE HOW INJURY OCC						18)				NO K
MEDICAL	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	While	Not white at work	le. PLACE factory	OF INJURY (H , street, effice	ome, form, bldg., etc	20f. (City	or tawn)			(County)		(State)
	alive on	of Lattended the	. 19	ed from 4/12/40, and that d			4 P	9/36 M, from ADDRESS (Si ch Sta	n the co treet, city (uses o	ind on stote)	the do	te stat	ed abav
	PHYSICIAN'S RINAME (Type)	chard C. R			M.D.			, Md.					P	
220	BURIAL, CREMATION	10-2-60		Mount Oliv	_		7	72d LOCA	tion (City erick				(510	le)
23.	FUNERAL DIRECTOR'S M. R. Etch		, Fr	ADDRESS ederick, Mai	rylan		240. REC'I	O BY REGIST	18AR 24		TRAR'S S			

TO HOSPITATION RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be recorded by the hospital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Page b. COUNTY files. Health, MARYLAND b. CITY OR TOWN III outside corporate Limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN of outside corporate limits, write RURAL and give negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give weet address) d STREET_ADDRESS e. IS RESIDENCE ON A FAPAIS YES THO PT 3. NAME OF 4. DATE First Middle Month Dov Yeor DECEASED (Type or print) DEATH 19 100 9. AGE the years MARRIED | NEVER MARRIED B. DATE OF BIRTH IFUNDER LYEAR IF UNDER 24 HRS. logs buthday) Months Hours WIDOWED IT DIVORCED F 100. USUAL OCCUPATION (Give kind of work done) 10b_KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during med of working life, even if retired) ENERA poges J. FATHER'S NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if my, which gave rise to immediate cause DUE TO (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 70 PERFORMED? NO IX 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20th DESCRIBE HOW INJURY OCCURRED. (Enter pature of injury in Port I or Part II of Item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form) 20f. (City or town) Month, Doy, Year 20c. TIME OF INJURY (County) (Stote) factory, street, office bldg., etc." Not while at work of work Water. 21. I certify that I taak charge of the remains described obave, held an Autapsy [], Inspection X, opinion death resulted from: Notural causes . Accident . Suicide N., Homicide I., Undetermined manner DIRECTOR ACTUAL DATE SIGNED SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220 BUSIAL CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, 0 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME SML 2.157



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

OPWSBARD

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

24d. REC'D BY REGISTRAN

DATE

pode O 15M 9/55

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF





VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT (OF!	HEALTH
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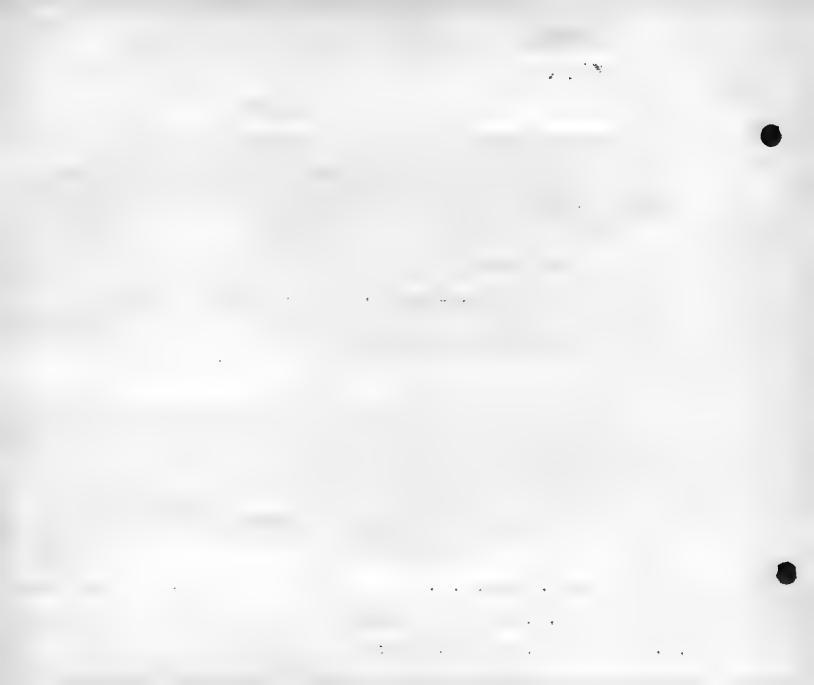
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

THE CONTROL OF THE

10285

	10287		CERTIFIC	CATE	OF DEATH	3-60 8	+		104	200
PLACE OF DEATH			44.8		USUAL RESIDENCE (V		d fived If natitution	_		
Fre	derick		MARYLA	UND	Maryl	and	2. 400,	Fred	ierick	
b CITY OR TOWN (If RURAL and give nea Frederick	autside corporate (imi irest fown)	ts, write c	LENGTH OF STAY IN	116	Frede		rote limits, write RI	URAL and give n	earest town)
d. NAME OF HOSPITA	L (If nat in haspital, g	give street odd	dress)		d. STREET ADDRESS				e. IS RESI	DENCE FARM?
Frederick A	Lamorrial Ho	nenital	1		Julia W	est. Son	th Stree	t.		NO TO
NAME OF	Fir		Middle	4.1	Last		Man			
(Type or print)	NO	RA	FLORE		STAUB	4. DATE OF DEATH	Sept	ember 16	TE 1	9 60
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	- 01	9. AGE (In years birthday)	Manths Days	R IF UNDE	R 24 HRS Min.
Female	White	WIDOWED -	DIVORCED	□ Fe	bruary 23,	1895	yrs Y	Manins Days	Hours	evin.
Oa USUAL OCCUPATION during most of works Houser	ng life, even if retired)	ND OF BUSINESS OR	INDUSTRY	11 BIRTHPLACE (Sto		ountry)	12. CITIZEN C	OF WHAT C	OUNTRY?
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	James Mo	cCulle	r							
15. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	service)	CIAL SECURITY NO. 0-26-0336	Mr.	Melvin F.	Staub-	Same as I	tem #2		
Candilians, if an gave rise Ia im cause (a), stating Il lying cause last.	mediate (y Hy	rmay- herebyle cabile	Allo UNP	Cardy Mellitu	5 7 - 1/2 5-	racelle	Disease	SERVAL BEIND	
CATIC			NTRIBUTING TO DEAT		T RELATED TO THE TER			'EN IN PART 1(a)	PERFO YES	RMED?
200 ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH									
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	or 20d INJR White at work [Not while	0e. PLACE factory	OF INJURY (Home, for, street, office bldg., e	erm, 20f (City	or town)	(Count)	r)	(State)
21 I certify that saw the decease 220 & GNATURE		atjender	the deceased fr	/ 4	h accurred of 12	95 ta_	the causes an	d an the da	te stated	abave
Jan	res /:	5.1/	und-	2 MD		MED DIRECTOR [STAFF PHYS.		9/16/0	SIGNED
22c Pyrsician's NAME (Type)	James B. T		M. D.		Profession	nal Bu	ilding, F	rederic	k, Mai	cylar
230 KORIAL CREMATION SEMOVAL (Specify)	Sept .19,		23c. NAME OF CEMET Frederick				TION (City, town, derick,	ar caunty)	(State	
24. FUNERAL DIRECTOR'S M. R. Etchia		Frede	ADDRESS rick, Mar t i	lind		C'D BY REGIS		STRAR'S SIGNAT	URE	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rect Dist N ALTH DEPT 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where decemed lived of institution, Residence before odmission) g. COUNTY Frederick o STATE Maryland **b** COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate hmits, write EUEAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Brunswie Brunswick Vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENT ON A FARM B.&.O.Rail Road Yards 21 Petersville Road YES NOSE 3. NAME OF 4. DATE Middle Lost DECEASED Albert Berkley Stokes (Type or print) DEATH 1960 5. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE Ile years IFUNDER TYEAR! IF UNDER 24 HRS Male Months White 8-26-1916 WIDOWED [7] DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? B.&.O.R.R.Co West Virginia Brakeman II.S.A 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Joseph H.Stokes Susan Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address No Bertha Stokes. Brunswick, Maryland 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DECAPITATED Canditions, if ony, which gave rise to immediate cause DUE TO (a), sloting the underlying cours lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Fart 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED: 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg , etc.) of work of work Brunswick Frederick 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes . Accident 🖳 Suicide . Homicide . Undetermined manner DIRECTOR DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE 9/2/1960 ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S B.O. Thomas Frederick. Maryland DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial 0 9-5-1960 23 FUNERAD DIRECTOR'S S.GNATURE VS. A15ME Brunswick, Maryland DATE 5M 2157 Orthur & Kraud



er death. Page

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filled

10288

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

e. IS RESIDENCE ON A FARM?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO A

> > (Stote)

12. CITIZEN OF WHAT COUNTRY?

USA

YES TO NO IX

PLACE OF DEATH

COUNTY Frederick b. COUNTY Frederick MARYLAND c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Frederick Years Frederick d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR NSTITUTION
Frederick Memorial Hospital STREET ADDRESS 37 East Fifth Street NAME OF Middle 4. DATE Month (Type or orint) BELT. STORR DEATH September MERTIE FUNDER TYEAR IF UNDER 24 HRS B DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED Months h July 1872 Female. White WIDOWED T DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) during mast of warking life, even if retired)
HOUSE-WOLK At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rebecca Metz Jehn H. Bostian IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address no of unknown) Mrs. Lula I. Martz. Keymar. Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO unter heart drawing Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f (City or town) foctory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark p. m. 21 1 certify that (1) (this haspital) attended the deceased fram...

saw the deceased alive an_ 22a SIGNATURE

22c PHYS CIAN'S

Rex R. Martin, M. D. 220 N. Market St., Frederick, Md. 23c NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

23d LOCATION (City, tawn, or county)

Frederick, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE

23a BURIAL, CREMATION, 23b DATE THEREOF

M. R. Etchison & Sen. Frederick, Maryland

9-26-60

25o. REC'D BY REGISTRAR SEP 2 7 '60

MED DIRECTOR

-13- 1960, and that death accurred at 94 M, from the causes and an the date stated above

ATTENDING PHYS

22d ADDRESS

M.D.

25b REGISTRAR'S SIGNATURE Ciriling S. Humas

(County)

1960, that (1) (we) last

24 Sept 1960 GNED

(Stote)

0

DIRECTOR

should FUNERAL





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1 (1 2 1 4) CERTIFICATE OF DEATH

10289

۸L	1.0012			<u> </u>		
T	1. PLACE OF DEATH a. COUNTY	MARYLAND	. USUAL RESIDENCE a. STĄTĘ	(Where deceased live	d. If institution: Resident	ce before admission)
-	TREVERICE		MARY	LAND.	CAREDER	
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN		limits, write RURAL and (give nearest fown)
	KURAL TYER	185		KURAI	-	1
l	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	S	_ ,	e. IS RESIDENCE ON A FARM?
L	SNITHSBURG MD. K.I		5N17 +151	BURG M	D. R. /	YES NO
4.5	3. NAME OF First A	Aiddle	Lost	4. DATE OF	Manth	Day Year
	(Type or print) MARCARET	SWE	TZER	DEATH S	EPT, 41	19 6
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER A	AARRIED B.	DATE OF BIRTH	9. A		1 YEAR IF UNDER 24 HR
	FEMALE WHITE WIDOWED DIV	ORCED 💢 🔥	DARCH. 18	1870	70 yrs. S	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN)	ESS OR INDUST	Y 11 BIRTHPLACE (S	tale ar foreign countr	y) 12.CITI	ZEN OF WHAT COUNTR
	during most of working life, even if retired) FIGURE KEEPEIZ OWN F	IOME	117711	ORLEANS	s NIP. U	ISIA.
1	13 FATHER'S NAME	7.07 / 1 100	14. MOTHER'S MAIDE		2 1 P 1 9	3.71
	NALM SWEETER		No	RECOR	0	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Y NO 17 INK	RMANT	/ In COR	Address	
	(Yes, no. or unknown) (If yes, give wor or dates of service)	1.12	LIN MI.T	"MILC C	SMUTHSRO	. ec MD. 12
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), on		AITO VALT	VIII VE IX.	<u> </u>	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY Antoning		a Candian	n could an	Dispers	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	7, 1007	o periorion	/ CULLUL	D10- 86	5 Yrs.
	DUE TO					
	Canditians, if any, which (b)					
	cause (a), stating the under-					
	lying cause lost. (c)					T N A DAY A DECEMBER
	PART 31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT N	JI KELATED TO THE R	KMINAL DISEASE CC	INDITION GIVEN IN PAK	PERFORMED?
	Z			1 8 1 8 1 1	r 14 50 1	YES NO
	206. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJUST 10 PROPERTY MEDICAL EXAMINER	JRY OCCURRED.	(Enter nature at injury	in Port I ar Port II c	if ifem 16.)	
	20c. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRE Haur a. m. p. m. 19 19 19 19 19 19 19 19	D 20e. PLAC facta	E OF INJURY (Hame, ry, street, affice bldg.,	form, 20f. (City or t etc.)	awn) (C	County) (Stat
	p. m. 19 of wark of wark]				
	21 I certify that (I) (this haspital) attended the decer	ased fram	2-2-57	12	4- 60 , 19	, that (1) (we) la
	A 1 M		th accurred at	arm.	causes and an the	
	220 SIGNATURE					22h DATE
	Charle, in Hess	M	D. PHYS.	MED. S	TAFF HYS.	9-6-60 SIGNE
	22c, PHYS CIAN'S NAME (Type)		22d ADDRESS			
	Chirles F. Hess		Smi	thsburr,	II.D.	
-		CEMETERY OR	REMATORY	23d LOCATION	(City, tawn, or caunty)	(Stote)
	BEMOVAL (Specify) SEPT. 7.1960 DINIEU	PLAIL	S CEMETE	134 A112 . HI	DATE WALL LILL	helt Ca Mr
- / -	24 FUNERAL PIRECTOR'SIS GNATURE) () ADDREST	I WILLY	05	REC'D BY REG STRAR	25b. REGISTRAR'S SIG	GNATURE
	Titue (6. it Daste MOONSE	30120	AVIII	SEP 8 '60	0 7 7 8	Karek
	,		LONG E			

VR A15 (4) ISM 9/59

TO HOSPITA

E.5.5

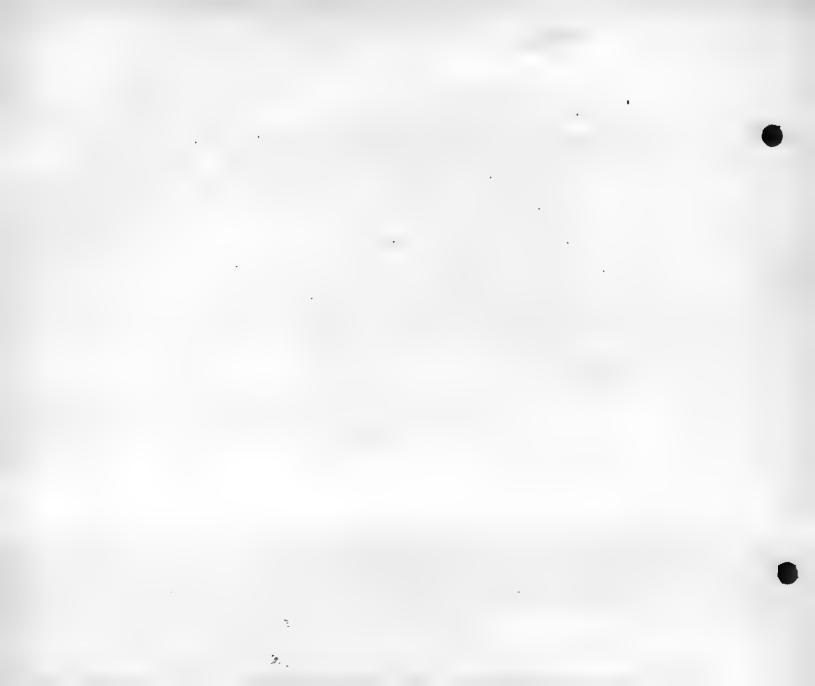
after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

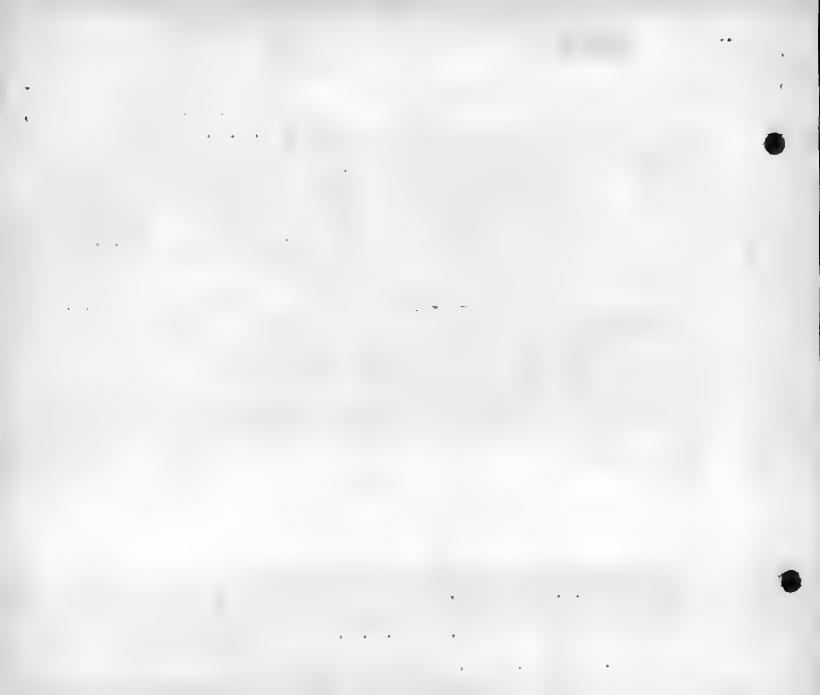
may be returned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletery filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carbaa-papers. Pages 1 and the State Board of Health priar to burial, crematian, or remaval, and in any event, within, 27 Trougs after death.

Pages 1 and 2 should be filed with redeath MR. CHARLES



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) o COUNTY fles. Health, 6. COUNTY Frederick Frederick o. STATE Maryland MARYLAND b. CITY OR TOWN I't outs de corporate limits, write PURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) Prederick Ijamsville R.F.D.I . IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS Prederick Memorial YES NOT NAME OF 4. DATE Middle Inst Manth DECEASED John XXXXXX Sent. Wesl.ev Tumpson (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE Ile years IF UNDER TYEAR IF UNDER 24 HRS Manths Days Hours Min 28.1901 Male Colored | WIDOWED | Marcy DIVORCED FT 10a USDAL OCCUPATION (Give kind at work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State at fareign country) during most of working life, even if retired) 12. CIT ZEN OF WHAT COUNTRY? C U.S.A. Frederick County Laborer None 14. MOTHER S MAIDEN NAME pages 13. FATHER'S NAME George Timpson Ratchel Price 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address John Timpson Jr. Ijamsville R.F.D. I No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: Acute Cardiac Failure IMMEDIATE CAUSE (g) Office **DUE TO** Cardiovascular heart disease Conditions, if only, which gave rise to immediate course DUE TO (a), stating the underlying Hypertension cause last D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? esed NO [200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) Manth, Day, Year (County) (State) factory, street, office bldg., etc.) at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy 4. Inspection 4. Inquiry 129 opinion deoth resulted from: Notural couses 🔼 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner should be forwarded FUNERAL DIRECTOR DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER B.O. Thomas. M.D. **EXAMINER'S** September I, 1960 NAME (Type) DEPUTY MEDICAL EXAMINER TIL 224 BURIAL CREMATION, 225 DATE THEREOF 1225, NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) 9-4-1960 St. Paul A. M. E. Church Della, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS, ATSME Charles E. Hicks 111. 24 W. All Saints Street DATE 5M 2/57 Frederick, Maryland





VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10292

	o. COUNTY Frederick	MARYLAND	C STATE		b. COUNTY Free	derick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	C. LENGTH OF STAY IN 16	,	outside corporate line of Rock	mits, write RURAL and giv	re nearest town)
7	d NAME OF HOSPITAL (If not in hospitol, give street OR NSTITUTION Frederick Memorial Hospi		d. STREET ADDRESS			e IS RESIDENCE ON A FARMA YES NO
	3. NAME OF First DECEASED (Type or print) WALTER	Middle JACOB	VIRTS	4. DATE OF DEATH	September	20, 'ear 60
	5 SEX 6 COLOR OR RACE 7 MARK White WIDOW		December 16			YEAR IF UNDER 24 HRS
1	100. USJAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Clerk	KIND OF BUSINESS OR INDUST		e or foreign country) yland		EN OF WHAT COUNTRY
	3. FATHER'S NAME Marshall L. Virts		14. MOTHER'S MAIDEN Del	la Shellma	rju	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		ormant N. W. Man	ey, Same	Address 1tem #2	
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (c) 33/ X DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoling the underlying couse lost. (c)	erebrat Verebrat	June Drew	os Lu		INTERVAL BETWEEN ONSET AND DEATH
5	PART II. OTHER SIGNIFICANT CONDITIONS OF STATE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT N				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	Hour o.m. While		CF OF INJURY (Home, fa pry, street, office bldg., e		vn) (Co	unty) (State
	21 I certify that (I) (this hospital) attends saw the deceased alive on	1919 La pand that de	D. ATTENDING TO PHYS. 22d. ADDRESS	MED. STANDIRECTOR PH	couses and on the	that (I) (we) last date stated above 276 DATE 9/20/960 GNEI
	230 BUR AL CREMATION 23b DATE THEREOF REMOVAL (Specify) Sept. 23,1960			23d LOCATION ((Stote) Maryland
	24. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchisen & Son, Fre	derick, Marylan	2So. RE DATE	EP 2 2 '60	25b REGISTRAR'S SIGN	



1	10292 DIVISION OF STATISTICAL RES		AL RESEARCH A	PEPARTMENT OF HEALTH IND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH
E OF DEATH DUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If ins a STATE Maryland b. COU

10293

g. COUNTY	Frederi	ek .	MARYLAND	a. STATE Ma	ryland	d lived. If institution b. COUNTY		
RURAL and gi	VN (If outside corporate limitive nearest town) derick	-	OF STAY IN 16	c. CITY OR TOWN		prote limits, write R	URAL and give n	earest tawn)
d. NAME OF HE	OSPITAL (If not in hospital, grown Montevu			d. STREET ADDRE	Am	reet	1	e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print)	Andrew	st Your	Middle	Vilson last	4. DATE OF DEATH	9 Man	23	Yeor 1960
s. sex	6. COLOR OR RACE White	7. MARRIED NEV	DIVORCED _	8. DATE OF BIRTH 2-25-186	8	9. AGE (In years debirthdoy) yrs.	Manths Days	Haurs Min.
Retire	PATION (Give kind of work marking life ewen if retired	B & O	R.R.CO		(State or foreign o		U.S.	A .
13. FATHER'S NAM	illiam Wils	on		14. MOTHER'S MAII	Den NAME Dent	Knaw		
15. WAS DECEASEI	DEVER IN U. S. ARMED FOR (If yes, give war or dates of s			rs.Paul V	.Smk th	Add Brunsw		•
Conditions, gove rise	F DEATH (Enter anly and co. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO to immediate to immediate DUE TO lost.	Chro		nefocas	dites.		01	NSET AND DEATH
CATIC	OTHER SIGNIFICANT CON		0				EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture of inju	ery in Port 1 or Por	t II of item 18.)		
Havr a	NJURY Manth, Day, Ye i. m. 19	or 20d. INJURY OCCU While Nat wl at wark at war	ile for	ACE OF INJURY (Home ctary, street, office bldg		y ar tawn)	(County	y) (Stote
saw the de	that (1) (this haspita ceased alive an				. /	11		
22a. SIGNATU	177 1CC	rice		M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Sig	22b. DATE SIGNED
22c. PHYSICIAI NAME (Ty	re H.F. K	INE	MA	72. 71. 71.	laster	ST-Fr	Leuch	Tud.
Buria.	1 9-25-1	960 Mt. 2			Cum	TION (City, town,	Maryl	(Stote)
24, FUNERAL DIREC	TOR'S SIGNATURE	Brunswick	777	-	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNAT	URE

VR ATE (4) 15M V/59

350, 180 deltar - game I at Fig. (1986) (material) 27.5 hard companies to the control of the W Yes the first of the f manufactures and the state of t to the distance of the

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10294 10314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

PLACE OF DEATH O. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						
b. CITY OR TOWN (If outside corpored give negret fown) R. F. D. #1. A	R.F.D. #1, Adamstown Life R.F.D. # 1, Adamstown								
Rural Rt. 1	Acam		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X					
3. NAME OF DECEASED (Type or print) Le	DECEASED (Type or print) Leroy Joseph Wolfe DEATH 9								
	lored wido	RRIED NEVER MARRIED 8. WED DIVORCED	3/26/1914	9. AG	E (In years IF UNDE Months	R IYEAR IF UNDER 24 HRS. Days Hours Min.			
Laborer Const	ind of work done 10 n if retired)	b. KIND OF BUSINESS OR INDUSTI	Frederi	ck Count		TIZEN OF WHAT COUNTRY?			
The state of the s	es Wolfe		Caroline			Spencer			
15. WAS DECEASED EVER IN U. S [Ver, no, or woknown] [II yes, give	. ARMED FORCES? wor or dates of services		rormant Police Rec	ords	Address	, ide			
Conditions, if any, which gove rise to immediate couse (a), staling the underlying couse fost.	DUE TO (b) DUE TO (c)	3rd. degree		AINAL DISEASE CON	DITION GIVEN IN PA	Minutes NI Holis, WAS AUTOPSY			
200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTION CAUSE OF DEATH.	GD 20b. DESC Hom	RIBE HOW INJURY OCCURRED. [E Caught on f	nler nature of injury in Pa	m, 20f. (City or tow	n 18.)	PERFORMEDO YES NO (Stoke)			
21. I certify that I to	9:300 m. 9 1319 60 of work of twork 18 Home Adams town Frederick Md. 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner .								
ACTUAL SIGNATURE EXAMINER'S NAME (Type) B. O	Thomas	, M. D.	_M.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	CAL EXAMINER		9/14/1960			
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) Burial Se	opt. 17-60		CREMATORY M.E.		City, town, or county red. Co. 1				
23. FUNERAL DIRECTOR'S SIGNAL C.E.Hicks 111		ick, Maryland	240. REC	SEP 2 0 '60	24b. REGISTRAR'S S	SIGNATURE T. L. Krans			

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